



APPLICATION FOR ACCOUNT

FOR OFFICE USE ONLY

ACCT# _____ DATE ENTERED _____ BY _____ SALESREP **Google**
PRC ZONE _____ RATE SHEET _____ BILL FREQ _____ CO# _____

PLEASE COMPLETE THIS SECTION

PICK UP INFORMATION

COMPANY NAME: _____
STREET ADDRESS: _____ SUITE# _____ ZIP _____
CITY _____ PHONE# _____
FAX# _____ WEB ADDRESS _____
EMAIL ADDRESS _____

BILLING INFORMATION (SAME AS ABOVE ___)

BILLING ADDRESS: _____
CITY: _____ STATE _____ ZIP: _____
TELEPHONE: _____ FAX _____
ACCOUNTS PAYABLE CONTACT NAME: _____
ANTICIPATED MONTHLY VOLUME _____
DO YOU REQUIRE A BILLING REFERENCE? IF SO PLEASE DESCRIBE

How did you hear about our services _____

TERMS: Invoices are due and payable 30 days after invoice date. All invoices unpaid after 30 days will be assessed a past due charge equal to 1.5% of all past due amounts. Applicant agrees to be liable for all reasonable collection fees incurred in the recovery of funds due. All claims for overcharges and physical damage must be made within 60 days of shipment date. Company is not liable for incidental or consequential damages and has a maximum liability of \$100.00 per shipment unless other insurance is agreed to before shipment.

I AGREE TO THESE TERMS _____ DATE _____
PRINT NAME: _____ TITLE _____

Fax this form to (650) 903-9397