



## APPLICATION FOR ACCOUNT

FOR OFFICE USE ONLY

ACCT# \_\_\_\_\_ DATE ENTERED \_\_\_\_\_ BY \_\_\_\_\_ SALESREP **Steve Buford**  
PRC ZONE \_\_\_\_\_ RATE SHEET **2008** BILL FREQ \_\_\_\_\_ CO# \_\_\_\_\_

### PLEASE COMPLETE THIS SECTION

#### PICK UP INFORMATION

COMPANY NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ SUITE# \_\_\_\_\_ ZIP \_\_\_\_\_  
CITY \_\_\_\_\_ PHONE# \_\_\_\_\_  
FAX# \_\_\_\_\_ YOUR NAME \_\_\_\_\_  
YOUR EMAIL ADDRESS \_\_\_\_\_

#### BILLING INFORMATION

BILLING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_  
ACCOUNTING EMAIL ADDRESS \_\_\_\_\_

**(This is the address your invoices will be sent)**

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 (415) 863-4800**