



Customer Profile

(Please complete in full.)

Business Information

Business Name: _____ Physical Address: _____
Service Contact: _____ City/State/Zip: _____
Primary E-Mail: _____ Phone Number: _____
Years In Business _____ Fed Tax ID #: _____

Personal Guarantee Information

Owner/Officer Name: _____ City/State/Zip: _____
Home Address: _____ Cell Phone Number: _____
Home Phone Number: _____

Billing Information

Accounts Payable Contact: _____ Billing E-Mail: _____
Accounts Payable Phone: _____ Billing Address: _____

Payment Method (Circle): Check EFT COD Credit Card (Visa, Discover, & MasterCard Only)

EFT

Credit Card

Run Payment (Circle): Weekly Monthly Run Payment (Circle): Weekly Monthly
Account Number: _____ Card Number: _____
Routing Number: _____ Expiration Date: _____ Security Code: _____
Name On Account: _____ Zip Code: _____
Name On Card: _____

*Weekly payments are ran on Fridays.

*Monthly payments are ran within the first 5 business days of the month.

I/we understand that the payment terms under this approved application is net 30 and agree to cooperate by providing payment under said terms. Should payment be delayed for any reason, I/we understand that the account may be switched to C.O.D. (Cash On Delivery). Accounts not paid within 30 days shall be considered past due and will be charged interest at the rate of 18% annum. In the event that we default for any reason on prompt payment, I/we understand that any fees incurred by APPEARA for collection purposes will be my/our responsibility. These fees could include and are not limited to lawyer, court, and collection agencies fees.

Signed: _____ Title: _____ Date: _____

For Office Use Only

Received: _____ Rep Signature: _____
Office Signature: _____