

BUSINESS CONTACT INFORMATION

Last Name: _____ First Name: _____ Title: _____

Company Name: _____ Year Business Started: _____

PhoneNumber: _____ Fax Number: _____ email: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact/Title _____ email: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION CREDIT LINE REQUESTED _____

BANK AND TRADE REFERNCES

Bank Name: _____ Contact: _____

City: _____ State: _____ Zip: _____ Phone: _____

Company Name: _____ Address _____

City: _____ State: _____ Zip _____ Phone: _____

Company Name: _____ Address _____

City: _____ State: _____ Zip _____ Phone: _____

AGREEMENT

1. WE HEREBY APPLY FOR CREDIT AND AFFIRM FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH TERMS SET FORTH BY THE MAIL CENTER, ETC.
2. OPEN INVOICES ARE BILLED ON OR ABOUT THE FIRST DAY OF THE MONTH AND ARE TO BE PAID WITHIN 15 DAYS FROM THE DATE OF THE INVOICE.
3. WE AGREE TO PAY A MONTHLY FINANCE CHARGE OF THE MAXIMUM APPLICABLE STATE RATE ON ALL PAST DUE BALANCES.
4. BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE THE MAIL CENTER, ETC. TO MAKE INQUIRIES INTO THE BANKING AND BUSINESS/TRADE REFERENCES THAT YOU HAVE SUPPLIED.
5. WE AGREE TO PAY ALL COSTS OF COLLECTION AND LITIGATION ON THIS ACCOUNT IN ACCORDANCE WITH THE LAWS OF THE CREDITOR'S STATE OF INCORPORATION.

Signed By

Print Name

Date: _____

AUTHORIZATION TO CHARGE CREDIT OR DEBIT CARD

I hereby authorize The Mail Center, Etc. to charge my credit /debit card (referenced below) for any outstanding invoices. This agreement will remain in effect until rescinded in writing by me.

Signed By Date: _____

**DO NOT SUBMIT CREDIT CARD NUMBER BY FAX OR EMAIL.
Submit number by mail with original application or by telephone.**

Type of card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card #: _____ Expiration Month: _____ Year: _____

Cardholder's Name: _____ Billing Address: _____

City: _____ State _____ Zip _____ Phone : _____

SPECIAL INSTRUCTIONS (include other person's, employees or representatives authorized to use your account).

Signed By

Print Name

Date: _____