

I. COMPANY INFORMATION

Company Name: _____

Affiliated Companies: _____

Federal Tax ID #: _____ Resale #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Accounting Contact: _____

E-mail: _____

Phone: () - _____ Fax: () - _____

Company Type: Proprietor Partnership Corporation Other:

Incorporated: _____ State: _____ Year: _____

Have you been party to a suit within the last 5 years, have any outstanding judgments against you, or have gone through foreclosure? No Yes (Explain: _____)

II. OWNER INFORMATION

Name: _____ SSN: - - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone: () - _____ Fax: () - _____

III. TRADE REFERENCES

COMPANYNAME	CONTACT NAME	E-MAIL ADDRESS	FAX NUMBER
1			
2			
3			
4			

IV. APPROVAL AND VERIFICATION:

- The customer agrees to pay all service/late charges, reasonable attorney's fees, court costs, investigation costs, and expert witness fees incurred in the collection of the customer's past due account.
- A service charge of 11/2% per month (18% annually) will be assessed on past due amounts.
- Any disputes relating to the customer's account will be governed by California law, and shall be litigated only in the superior or municipal court for the county of San Diego, and no other.
- I hereby verify that all information on this form is true and correct to the best of my knowledge and agree to the terms above.

Company Officer:

Signature Name (Printed) Title Date