Name of Company:

Contact Person/Project Leader:

Address of Company:

Address of Company Headquarters if different:

Phone number: Email:

WEB site address:

Preferred Payment Method:

\_\_\_ Check

\_\_\_ Electronic Funds Transfer Bank Name:

Accounts Payable Contact Name and Email (if applicable):

I understand and agree that payment for services must be rendered within thirty (60) days from receipt of the Invoice. Further, balances outstanding after 60 days shall incur an interest charge of 5% per month until receipt of payment. The past due balance (including interest) must be paid in full before the restoration of credit privileges.

Signed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_