



# NEW ACCOUNT INFORMATION

Date:

## COMPANY PROFILE

Name of Establishment: Dept: State: Zip:  
 Address 1: City: State: Zip:  
 Phone #: Back Line #: Fax #:

Persons Authorized to Request Services on Account (e.g. Receptionists, Secretaries, Paralegals and/or specific persons named)

1. 2. 3.  
 Email Address:

## TRADE REFERENCES

1.) Name: Contact: Phone #:  
 2.) Name: Contact: Phone #:  
 3.) Name: Contact: Phone #:  
 Name of Accounts Payable Manager/Bookkeeper:  
 Bank Name: Account #: Phone #:

## PERSONAL GUARANTEE

In the event defaults in the performance of any obligations incurred to Pro Servers, Inc. I/we personally will be responsible for and will immediately discharge said obligations:

1.) Electronic Signature:

Residence Address: City: State: Zip:  
 Home Phone: Driver's License #: SSN:

2.) Electronic Signature:

Residence Address: City: State: Zip:  
 Home Phone: Driver's License #: SSN:

3.) Electronic Signature:

Residence Address: City: State: Zip:  
 Home Phone: Driver's License #: SSN:

A service charge of 1.5% per month (18% per annum) shall be charged on all past due accounts (30 days after invoice date) subject to a minimum service charge of \$5.00 per month. In the event it shall become necessary to collect for the herein above described service, or any part thereof, the purchaser agrees to pay all costs, including reasonable attorneys fees.

Name of Person Authorizing Account:

Title:

Electronic Signature:

Date: