House Account Application

Company Name _____

Address _____

Zip Code_____ **Phone Number**_____ **Fax** _____

Billing Contact _____

Billing Address (If different than above) _____

_____

Billing Phone Number _____

Email_____

Authorized Users with Phone Numbers/Emails _____

_____

_____

_____

Do your invoices need? Matter Number _____ **Job Code**_____

Other Identifier _____

Would you like invoices emailed to one email address? _____ **Address?** _____

<u>References:</u>

Bank _____

Vendor 1 _____

Credit terms are Net 30. All invoices over 30 days are subject to 1.5% per month service fee (18% APR). Returned check fee is $25. Statements of Account are mailed Semi-monthly for your review.

_____
Signature of Officer or Authorized Person

Please fax to (312) 733-5029 or email to larry.neibauer@deliverywow.com
Questions? Please call (312) 733-5019

Make Checks Payable to: **Service For You, Inc**
2602 S Wallace St
Chicago, IL 60616