michael andrews

NEW CLIENT / CREDIT CARD INFORMATION FORM

GENERAL INFORMATION

Company Name:

Company Address:

City: | State: | ZIP Code:

How long at current address?

Phone: ( ) - | Fax: ( ) - | Website:

Date business commenced: MM / YYYY | Federal Tax ID Number:

☐ Sole proprietorship | ☐ Partnership | ☐ Corporation | ☐ Other:

BILLING INFORMATION

Billing Address: IF DIFFERENT FROM ABOVE

City: | State: | ZIP Code:

Does company have multiple bill to locations?[1] | Is company tax exempt?[2]

Accounts Payable Contact: | Dunn & Bradstreet Number:

A/P Phone: ( ) - | A/P Fax: ( ) - | A/P E-mail:

Person responsible for placing orders: | Will other people be making orders?[3]

Ordered By Phone: ( ) - | Ordered By Fax: ( ) - | Ordered By E-mail:

PAYMENT INFORMATION

Card Number: _____ _____ _____ _____ | Exp Date: MM / YYYY | Security Code*:_____

☐ Visa | ☐ Master Card | ☐ American Express | ☐ Discover | *Security Code - AMEX - 4 digits on the front of the card; 3 digit code in the signature panel of card (V, MC, or D)*

Card Holders Name:

Company Name on Credit Card (if applicable):

Credit Card Billing Address: IF DIFFERENT FROM ABOVE

City: | State: | ZIP Code:

Phone: ( ) - | Fax: ( ) - | E-mail (for receipt):

Card Holders Signature:

By signing, I authorize Michael Andrews Audio Visual Services to bill my credit card listed above for charges related to my order. I agree to pay total in accordance to my card issuer's agreement.

AGREEMENT

- All orders are subject to the Terms and Conditions as set forth by Michael Andrews Audio Visual Services Inc.
- Claims arising from invoices must be made within seven business days.
- All orders are required to be paid for in advance. Acceptable forms of payment includes Check, Credit Card (please complete credit card info above, and return with a copy of the front and back of the card), Cash (if order is being picked up at Michael Andrews only)

COMPLETED BY

Signature:_____ Print Name:_____

Title:_____ Date:_____

1- For multiple billing locations please attach a separate sheet indicating: address, local contacts, and invoices that should be billed there

2- If tax exempt please attach copies of New York State Tax Exempt Form (ST-119), or New York State Resale Certificate (ST-120). Please note, if we do not have valid Tax Exempt form or Resale Certificate for you, your invoices will be generated with sales tax

3 – If there will be other individuals making orders please attach a separate sheet indicating their contact information

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