



Commercial Account Application

Please be sure to fill out form completely to ensure expedient processing.

Billing Information

Company Name _____

Street Address _____ Suite _____

City _____ State _____ Zip _____

Billing Address (if different than above) _____ Suite _____

City _____ State _____ Zip _____

Telephone No. (____) _____ Fax (____) _____

A/P Contact _____ President/Owner(s) _____

Website _____ E-mail (A/P) _____

Business Information

Purchase Order Required Yes No Amount of Credit Requested: \$ _____

Business Type (check all that apply)

<input type="checkbox"/> Corporation: Date Incorporated (MM/YY) ___/___ in state of _____	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Nonprofit Organization
Number of Employees _____	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Religious Organization
Nature of Business _____	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Academic
	<input type="checkbox"/> Franchise	<input type="checkbox"/> Other _____

Credit References

1. Company Name _____
Address _____
City/State _____ Zip _____
Phone No. (____) _____ Fax No. (____) _____
Contact _____

2. Company Name _____
Address _____
City/State _____ Zip _____
Phone No. (____) _____ Fax No. (____) _____
Contact _____

3. Company Name _____
Address _____
City/State _____ Zip _____
Phone No. (____) _____ Fax No. (____) _____
Contact _____

Bank Reference

Bank Name _____
Account No. _____
Address _____
City/State _____ Zip _____
Contact _____
Phone No. (____) _____
Federal ID No./SSN (required for approval) _____
Duns No. _____

TERMS AND CONDITIONS

- I/We certify that this information is complete and accurate.
- I/We agree to promptly notify, in writing, Acutrack, Inc. of any additions or termination of Authorized Users.
- I/We authorize Acutrack to contact our bank and credit references to obtain credit information about our accounts
- Customer shall pay all invoiced amounts upon receipt of invoice, or by such date as may be indicated on the invoice. Acutrack is not responsible for lost or delayed mail.
- A late Charge of one and one-half percent of the unpaid balance will be assessed at the close of business on the due date of each invoice and each month thereafter, for an annual interest rate of 18%.
- Customer agrees to pay all attorney and collection fees, court costs and other expenses incurred by Acutrack to enforce its rights under this agreement.

Authorized Users:

Please print. If additional space is required, please list on an attached sheet using letterhead. Upon approval, each of these contacts will be assigned access on our website and will receive a welcome package.

Name _____
Dept./Title _____
E-mail _____
Tel/Ext(____) _____

Name _____
Dept./Title _____
E-mail _____
Tel/Ext(____) _____

Signature (required) _____

Print Name and Title (required) _____ Date _____