



BillCollectorTM Standard Edition

SMALL BUSINESS BILLING AND DEBT COLLECTION SOFTWARE **IN A BOX**

In response to your request for billing terms, we ask that you complete the following short application and when finished fax back to 760-343-5155 with the requested documentation. Incomplete applications will not be accepted.

Company Name _____ Site Id: _____

Company Start Date: ___/___/____ Company Structure: Sole Proprietor Corporation Government
(Circle One)
LLC LLP Partnership Other

Company Address: _____ City: _____ State: ___ Zip: _____

Company Phone: ___-___-____ Fax: ___-___-____ Website: www. _____

Principals:

(1 required)

Owner/Officer 1: Name _____ Home Phone or Cell Phone ___-___-____

Date of Birth: ___/___/19__

Owner/Officer 2: Name _____ Home Phone or Cell Phone ___-___-____

Date of Birth: ___/___/19__

By signing below, I/We agree that Bill Collector In A box Terms are Net 15 from invoice date, and any past due balances will incur interest at the rate of 1.5% per month until paid. I/We acknowledge our personal liability for all unpaid charges, and that failure to pay may result in collection action against the company and its personal guarantors. I acknowledge statements will not be mailed, as they will be delivered through Bill Collector In A Box under the Companies>> My Activity Statements on the first of every month.

Signed:

Owner/Officer 1 _____ Title _____ Date ___/___/____

Owner/Officer 2 _____ Title _____ Date ___/___/____

Please fax your application along with a copy of a state issued id (must have a photo) to 760-343-5155. Once your application is verified you will be set up on billing terms with a \$2000.00 line of credit within 24 hours.