



New Account Application

Please type or print clearly. *The following information will be confidential.*

Part I

Date: _____ Company Name: _____
Last Name: _____ First: _____
Mailing Address: _____
City: _____ State: _____ ZipCode: _____
Office: _____ Alternate: _____
Cell Phone: _____ Fax: _____
Email: _____

Type of Business: Corporation Partnership Limited Partnership Proprietorship
Federal Tax Id # or SSN: _____

Part II

Billing Contact: _____
Billing Address: _____
City: _____ State: _____ ZipCode: _____
Office: _____ Alternate: _____
Cell Phone: _____ Fax: _____
Email: _____

Part III

Business Reference:
Name: _____ Phone: _____
Email: _____

Part IV

Payment Terms:
Cash: _____ Check: _____ Net 15: _____ Net 30: _____
Credit Card# _____ Expiration Date: ____/____/____ CCV#: _____

Signature

Date

***Note: A \$35.00 fee will be assessed for any returned checks. Section 3-104(2)(b) of the UCC, defines a check as "a draft drawn on a bank and payable on demand." By submitting this form, applicant understands and agrees that all invoices are due and payable 15/30 days after our invoice date, even though payment will not be taken from credit card, Bright Errands is required to keep on file for billing purposes. Credit card and all personal information are confidential. In the event it becomes necessary to file suit to enforce payment, such suit may be brought in County of transaction.
Bright Errands is a Trademark Company.