

# ACCOUNT APPLICATION



Applicant: Please read the following before completing this form. Applicant represents that the information given in this application is complete and accurate and authorizes Service Champ ("Seller") or its authorized credit agent to check with credit reporting agencies, credit references, and other sources, including banks, Seller deems appropriate in considering this application and subsequently for any legal purpose. READ THE AGREEMENT AND SIGN THE "SIGNATURE" SECTION BEFORE SUBMITTING THIS APPLICATION. Please include a current Resale Certificate.

BILL TO NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_ Aftermarket \_\_\_\_\_ Installer \_\_\_\_\_ Retail \_\_\_\_\_  
DBA \_\_\_\_\_ AFFILIATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ STATE INCORPORATED IN \_\_\_\_\_ Years Established \_\_\_\_\_  
SHIP TO NAME (if different) \_\_\_\_\_ TYPE OF OWNERSHIP  Partnership Individual Corporation  
ADDRESS \_\_\_\_\_ NUMBER OF LOCATIONS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PARENT COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
BUYER'S NAME \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
E-MAIL \_\_\_\_\_ WEB ADDRESS \_\_\_\_\_

TAX EXEMPT? Yes No (Tax will continue to be charged on all invoices until the resale certificate is received) TAX EXEMPT # \_\_\_\_\_

### ACCOUNTS PAYABLE INFORMATION

CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ FEDERAL ID# \_\_\_\_\_

### LIST OF OFFICERS

| PRINT NAME | ADDRESS | TITLE |
|------------|---------|-------|
|            |         |       |
|            |         |       |

### Please choose a preferred method of payment below:

#### Checking Account Information:

Checking Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_

#### Credit Card Information:

Type:  Visa  MasterCard  Discover  
Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

By Signing Below, I authorize Service Champ to charge my preferred method of payment for my purchases until I otherwise notify.

Your Signature: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Date: \_\_\_\_\_

The undersigned confirms that the above information is true and accurate and hereby authorizes Service Champ (Company) to obtain credit and/or financial information from the name and references listed above. If given open terms of credit with Company, the undersigned company promises to pay for all purchases in accordance with Company terms. If not a corporation, the undersigned company/owner personally guarantees payment of all invoices. If at any time the undersigned company is unable to meet its financial obligations with Company, the undersigned agrees to pay for legal, court or any other fees necessary to collect unpaid invoices. A Service Charge of \$30.00 will be applied for all returned checks and a 25% Collection Fee will be added to any account placed with an outside collection agency.

COMPANY NAME \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Service Champ  
2060 Detwiler Rd  
Harleysville, PA 19438  
Phone: 1.800.221.0216  
Fax: 1.800.472.2281  
[credit@servicechamp.com](mailto:credit@servicechamp.com)

REMIT TO:  
Service Champ  
PO BOX 736470  
Dallas, TX 75373