

# Application for Open Account – the Alpha Agency

( Please **Print Clearly** and complete all fields )

**Company Name:** \_\_\_\_\_  
(as it appears on the business license)

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License Information: \_\_\_\_\_

Web Site: \_\_\_\_\_ Email: \_\_\_\_\_

Facebook \_\_\_\_\_ Twitter \_\_\_\_\_ Other \_\_\_\_\_

**Principals / Owners:** \_\_\_\_\_

As principal / owner of this business I / we agree to be personally responsible for any debt incurred or legal fee necessary to collect any debt incurred through this account.

Date: \_\_\_\_\_ Signature / Title:  X  \_\_\_\_\_

## Professional / Personal References

\_\_\_\_\_  
Name Address City State Zip Code

\_\_\_\_\_  
Telephone Number Fax Number Your Account Number

\_\_\_\_\_  
Name Address City State Zip Code

\_\_\_\_\_  
Telephone Number Fax Number Your Account Number

## Payment Method Desired

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing Zip \_\_\_\_\_

**Please Note:** The terms and conditions of your open account require that all invoices be paid in full within 30 days. Any invoice outstanding after 30 days is PAST DUE and future work will be on a C.O.D. basis. Outstanding invoices over 60 days will be placed for collection.

We prefer to serve our clients with Open Accounts, however if it is not convenient for our customer to meet our terms we will be happy to offer our services on a C.O.D. basis.

\*\*\*\*\* **FAX this completed form to: the Alpha Agency at (863) 808-0341** \*\*\*\*\*

( For Office Use Only )

**Date Received:** \_\_\_\_\_ **Reviewed By** \_\_\_\_\_ **Status** \_\_\_\_\_ **Account Number** \_\_\_\_\_