

Worth Higgins & Associates, Inc.

BILLING INSTRUCTIONS AND APPLICATION FOR CHARGE ACCOUNT

Firm Name _____ Fed ID # _____

Firm Address _____

City, State, Zip Code _____ A/P Phone No. _____

Invoices to be sent to _____
NAME ADDRESS EMAIL (OPTIONAL)

A/P Contact _____
NAME ADDRESS EMAIL

PO Required: Yes No Credit Card Payment: Yes No ACH Payment: Yes No

Other billing instructions _____

Credit limit requested: _____ Annual Sales _____

No credit requested—will pay via credit card/check Visa MasterCard Amex

Name on card _____ Card # _____ Expiration _____/_____/_____

Nature of Business _____ How long in business _____

Corporation Partnership Proprietorship Dun & Brad. Rating _____

Names and Titles of Principals of Business (if Sole Trader, List Spouse)

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

Name and Address of Bank

NAME _____ ADDRESS _____

ACCOUNT NUMBER _____ OFFICER TO CONTACT _____ TELEPHONE _____

Trade References

ACCOUNT NUMBER _____ ADDRESS _____ TELEPHONE _____

ACCOUNT NUMBER _____ ADDRESS _____ TELEPHONE _____

ACCOUNT NUMBER _____ ADDRESS _____ TELEPHONE _____

We must insist on prompt payment of all invoices. The net amount is due 30 days from invoice date. A 1 1/2% service charge is applied to all invoices that are not paid by the end of the month following the month of purchase. In addition, cost and reasonable attorney's fees for collection may be charged.

I agree to the terms and conditions described on the Worth Higgins & Associates, Inc. website and estimate form.

Taxable (currently only in VA, DC, TN)

Tax Exempt-VA (Please furnish exemption certificate for all states:)

Title _____ Date: _____

Signature _____

Your signature is required

AD-CAF17-8/12

8770 Park Central Drive, Richmond, Virginia 23227-1146
P.O. Box 15069, Richmond, Virginia 23227-0469
(804) 264-2304 Toll Free (800) 883-7768 Fax (804) 264-5733

*** Credit approval takes time. Rush jobs/quick turns may require adjusted terms. ***