



Credit Account Registration Form

Date: _____ Account Number: _____

How did you hear about us? _____

Please Print or Type

Registered Company Name: (full name please) _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Person Who Receives the Bill at above address: _____

Position & Department of above person: _____

Phone: _____ Fax: _____ Email: _____

Additional Contact Information for Payment Inquiries

Name: _____ Position: _____

Phone: _____ Fax: _____ Email: _____

Corporate Sole Proprietor Partnership
 Controller: _____ Proprietor: _____ Prin. Partner: _____

State/City Govt. Individual Non-Profit Organization
 Chief Officer: _____ Name: _____ Exe. Director: _____

Mailing address: _____ City: _____ St: _____ Zip: _____
 (if different from the above billing address)

Form of Payment

Attorneys, law offices and individual accounts payable by credit card only.

1. Check Company Check Personal Check Wire Transfer
 2. Credit card Visa or MC **ONLY**

Cardholder name: _____ CVV Code (3 digits): _____

Card number: _____ Exp. Date: _____

Credit Card Billing Address/City, State, Zip: _____

Are Purchase Orders Required? No Yes # _____

If your PO# varies, it is your responsibility to provide a new PO# when you request services. Should there be any mandatory data to be listed on our invoice, specific notification is required upon opening the account.

Account Utilized By: All Staff in Company or Specific Department: _____
 All Regional Offices or Specific Regional Office: _____

***Note: Payment of services for requests made to CHS is net 30 days and is the responsibility of the undersigned**

Signed: _____ Date: _____

Printed Name: _____ Position: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____