



HiVis365.com
PO Box 169, Oxford, NY 13830
Ph: 607-438-3911
Fax: 877-480-6842
E-Mail: sales@hivis365.com

New Account Registration Form

Form with checkboxes for 'New Account' and 'Update'

Account #: _____ *Account number required only for updates to existing accounts.

Agency/Organization Name: _____

Date Established: _____

Sales Tax Exemption #: _____

Federal I.D. #: _____ *Attach copy of tax exemption certificate to application

Organization Type:

Government Entity Sole Proprietorship Corporation Partnership Other: _____

Purchasing Contact:

Accounts Payable Contact:

Name: _____

Name: _____

Title: _____

Title: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

E-Mail: _____

E-Mail: _____

Billing Address:

Shipping Address:

Name: _____

Name: _____

Street: _____

Street: _____

City: _____

City: _____

State: _____

State: _____

Zip: _____

Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____



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Please note that if your organization requires purchase orders, vouchers, or other necessary documents, you will be required to supply us with these forms.

Organization requires:

Purchase Orders Vouchers Other _____

Please list other authorized buyers on the account:

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

The Undersigned hereby makes this application to open a purchasing account with Northeast Sign & Service, Inc. (the parent company of "HiVis365.com"), and its subsidiaries, divisions, and affiliates and agrees to the terms in conditions printed below. In submitting this application, the Undersigned agrees that all amounts payable will be due by the 30th day after receipt of purchased goods and/or services by the Undersigned and the agency/organization that the Undersigned represents and agrees that payment will be made in accordance to this policy. The Undersigned agrees that any payment made past this due date will be delinquent and that the Undersigned is responsible for any costs related to the collection of said delinquent payment, court costs, and reasonable attorney fees necessary to remedy the delinquent payment in the jurisdiction and venue of the preference of Northeast Sign & Service, Inc. The Undersigned understands that Northeast Sign & Service, Inc. may suspend or terminate any purchasing account at any time and deny any purchase.

Authorized Signature *(Must be Signed by Owner or Other Authorized Individual)*

Date

PLEASE SEE NEXT PAGE IF CREDIT CARD PRE-AUTHORIZATION IS REQUIRED TO COMPLETE APPLICATION.



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Credit Card Authorization Form

Please note that this form must be completed in full to be accepted. For your safety, please do not send this completed form by e-mail.

Cardholder Information

Name on Card: _____

Card Hold Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Credit Card Payment Authorization

Card Type: Visa Mastercard American Express Discover

Card Number: _____ Expiration Date: _____

Card CVV # (3 Digit Code on Back): _____

I, the Undersigned, hereby authorize Northeast Sign & Service, Inc. (the Parent Company of "HiVis365.com") permission to charge up to a Maximum Amount of \$ _____ for individual purchases made by any of the above Authorized Buyers (listed on Page 2) on the account of the Undersigned on HiVis365.com.

By signing below, you authorize Northeast Sign & Service, Inc. to charge your credit card immediately for any amount up to the "Maximum Amount" listed above for purchases made on HiVis365.com or through Northeast Sign & Service, Inc. directly.

Cardholder Signature: _____ Date: _____