My Choice Software 23706 Birtcher Drive, CA 92630 800-318-1439 MyChoiceSoftware.com accounting@mychoicesoftware.com



My Choice Software CREDIT APPLICATION FOR NET TERMS ACCOUNT							
BUSINESS CONTACT INFORMATION							
Title:							
Company name:							
Phone:	Fax:	E-mail:					
Registered company address:	1						
City:	State:		ZIP Code:				
Date business commenced:			Tax ID:				
Sole proprietorship:	Partnership:	Corporation:	Other:				
BUSINESS AND CREDIT INFORMATION							
Primary business address:							
City:	State:		ZIP Code:				
How long at current address?							
Telephone:	Fax:	E-mail:					
Bank name:							
Phone:	Bank address:						
City:	State:		ZIP Code:				
Type of account:	Account number:						
Savings							
Checking							
Other							
	BUSINESS/	TRADE REFERENCES					
Contact Name:	Company Name:						
Address:							
City:	State:		ZIP Code:				
Phone:	Fax:	E-mail:					
Type of account:	Credit Limit:		Date Opened:				
Contact Name:	Company Name:						
Address:							
City:	State:		ZIP Code:				
Phone:	Fax:	E-mail:					
Type of account:	Credit Limit:		Date Opened:				
Contact Name:	Company Name:						
Address:	. ,						
City:	State:		ZIP Code:				
Phone:	Fax:	E-mail:					
Type of account:	Credit Limit:		Date Opened:				
Credit Card Authorization							
My Choice Software must keep an active card on file for all Net Terms clients. If your payment is more than 14 days late, a 10% late fee will be applied. All information will remain confidential.							
Card Holder Name:							
Billing address:							
City:	State:		ZIP Code:				

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		Card Number:					
☐ Visa ☐ Mastercard ☐ Discover ☐ Amex							
		Expiration:	Security Code:				
	I authorize My Choice Software to charge the agreed amount to my credit card provided if my Net Terms payment is more than 14 days late. I agree to pay an additional 10% fee for this inconvenience. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. If the charge in question fails to process, other fees may occur while attempting to collect payment.						
	Cardholder – Print Name, Sign and	Date Below:	_				
		Signature	Date				
		Print Name	Title	•			
		AGREEM	MENT				
1.	1. All invoices are to be paid 30 days from the date of the invoice.						
2.	2. If payment is more than 14 days late, My Choice Software will charge the card on file with an additional 10% fee						
3.							
4.	4. By submitting this application, you authorize My Choice Software to make inquiries into the banking and business/trade references that you have supplied.						
SIGNATURE							
Sig	gnature		Date				
Pri	nt Name		Title				