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AUTHORIZED RESELLER N30 TERMS APPLICATION

Firm name: _____

Contact person: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Type of business: _____ Year business opened: _____

Phone #: _____ Fax #: _____ Website address: _____

Email: _____ Federal ID # or SS #: _____

Bank Reference:

Name: _____ Account #: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone #: _____ Date account opened: _____

Trade References:

Firm name: _____ Phone #: _____

Firm name: _____ Phone #: _____

Firm name: _____ Phone #: _____

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs.

Company: _____ Date: _____

Signature: _____ Title: _____

Please print your name: _____

Credit Card #: _____ Expiration Date: _____

Please mail or fax back to Karen Pryor Clicker Training using address information at top