STEVE'S TOWING

SUBMIT

Open New Account:

D	ate:		
	usiness Name:		
•	Business Address:		
•	Owner Name:		
	Owners Address:		
P	hone	Fax FEIN#	
S	ocial Security	_FEIN#	
•	Contact Person(s)	_Type Of Business:	
•	Purchase Order Required: YES	_ No	
•	Are You Exempt From Sales Tax: Ye	sNOException #	
What Individuals Are Authorized To Charge On Your Account			
References: (Include Bank And 3 Trades)			
•	Bank		
•	Fax#Fax#	Fax#	
	This application is made with the understanding and agreement that all charges for service work are due and payable by the 5 th of the month following the month of the charge. All accounts that have not been paid by the 5 th of the month following the month of the charge will pay a finance charge of 1.5% per annum If any amount exceeds 60 days the account will be placed on COD permanently Should this account need to be placed for collection you agree to all cost and fe including collection and attorney fee's. The undersigned understands the terms of Steve's Towing Wrecker Service and will personally guarantee payment for the charges made on this account.		
•	Signed:		
	Print Name:		
_	mili		

Steve's Towing

Date:			
CREDIT CARD TYPE:			
•	Visa:		
•	Master Card:		
•	Account #		
•	Expiration date:		
•	Security Code (From The Back Of The Card) Last Three Digits		
•	Card Holders Name (Name As It Appears On The Card)		
•	Billing Address (To Where The Bill For The Credit Card Goes)		
•	Phone:		
•	Fax:		
•	Authorization To Charge(Signature)		

PLEASE FILL OUT THE FORM ABOVE AND FAX TO ACCOUNTS DEPARTMENT