

House Account Application



Instructions

In order to apply for a House Account at this Center, this form must be completed in full. All fields are required. Incomplete or false information listed on this application will result in termination of the House Account.

NOTE: This House Account Application is valid only at Center number ____.

Customer Information

Customer Name:		
Business (House Account) Name:		
Home (Billing) Address:		
City:	State:	ZIP: -
Business Telephone: () -	Home Telephone: () -	
Fax: () -	E-mail Address:	

Authorized Individuals

Name(s) of Individual(s) Authorized To Charge Purchases to This House Account (other than Customer listed above)	Telephone
1.	() -
2.	() -
3.	() -

Check here if you wish to have House Account Cards issued to each authorized individual.

Check here if you wish to authorize charges by any individual in possession of your House Account Card.

Billing Information

Credit Card To Be Billed: <input type="checkbox"/> American Express® <input type="checkbox"/> Discover® <input type="checkbox"/> MasterCard® <input type="checkbox"/> Visa®	
Issuing Name*:	Expiration Date: /
Billing Address:	
Account Number:	
Cardholder Full Name:	
* Note that your card issuer may provide us with updated card account information.	

Payment Options

Check below to indicate your payment preference. You understand that you will receive a House Account Statement at the end of each month.

Charge your credit card each month

(You hereby authorize the Center to charge the balance shown on the House Account Statement each month to the credit card indicated above on or after the fifteenth [15th] day following the statement date. This authorization shall continue until you notify the Center otherwise in writing or upon the cancellation of your House Account by either the Center or you.)

Pay by check each month

(Payment by check must be received by the Center no later than the fifteenth [15th] day of the month for charges incurred during the previous month. If your check payment is not received by the fifteenth [15th], you hereby authorize the Center to charge the balance shown on the House Account Statement to the credit card indicated above. This authorization shall continue until you notify the Center otherwise in writing or upon the cancellation of your House Account by either the Center or you.)

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Terms and Conditions

Center will issue House Account Card(s) to identify Customer's ("you" or "your") House Account pursuant to your instructions above. You will be sent a statement of House Account charges to the address indicated above at the end of each month. You acknowledge responsibility to pay an amount equal to the total of all purchases and charges reflected on the House Account Statement, whether incurred by you or, as applicable, by: (1) an individual authorized by you above or (2) any person in possession of the card.

In the event that a charge is rejected or a check is returned for any reason, you agree to make full and prompt payment immediately upon receipt of notice. You are responsible for and will reimburse any fees or charges incurred by the Center as a result of a rejected charge or returned check.

Interest at the rate of 1.5% per month will be assessed on the total of any amounts not paid within thirty (30) days of the statement date. You agree to pay any and all costs, including reasonable attorneys' fees, incurred by the Center in an attempt to collect any outstanding balance(s). The Center may, at its sole discretion, suspend or cancel any House Account with a balance unpaid more than thirty (30) days after the statement date.

This credit card authorization does not constitute an agreement to provide, nor is it intended to imply the existence of, any extension of credit or any credit options. The Center may, at its discretion, restrict charges on this House Account in general or with respect to any type of products and/or services. The Center may also cancel this agreement at any time for any reason by giving written notice to you, at which time all amounts then outstanding are due and payable immediately.

By signing this document, you fully agree to the above conditions without exception.

Authorization

Customer Signature:	Date: / /
Printed Name:	Title:
Driver's License Number:	State: