

PROMPT WRECKER SERVICE

11139 TAMiami TRAIL
PUNTA GORDA, FL 33955
PHONE: (941) 639-4000
FAX: (941) 639-2163

DATE _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

OWNERS NAME _____

OWNERS ADDRESS _____

PHONE _____ FAX _____

SOCIAL SECURITY# _____ FEIN# _____

CONTACT PERSON(S) _____

TYPE OF BUSINESS _____

PURCHASE ORDER REQUIRED _____ YES _____ NO _____

ARE YOU EXEMPT FROM SALES TAX _____ EXEMPTION# _____

WHICH INDIVIDUALS ARE AUTHORIZED TO CHARGE ON YOUR ACCOUNT

REFERENCES: (INCLUDE BANK AND 3 TRADES)

BANK _____ FAX# _____ CONTACT _____

TRADE _____ FAX# _____ CONTACT _____

TRADE _____ FAX# _____ CONTACT _____

TRADE _____ FAX# _____ CONTACT _____

THIS APPLICATION IS MADE WITH THE UNDERSTANDING AND AGREEMENT THAT ALL CHARGES FOR SERVICE WORK ARE DUE AND PAYABLE BY THE 10TH OF THE MONTH FOLLOWING THE MONTH OF CHARGE. ALL ACCOUNTS THAT HAVE NOT BEEN PAID BY THE 25TH OF THE MONTH FOLLOWING THE MONTH OF CHARGE WILL PAY A FINANCE CHARGE OF 1.5% PER ANNUM. IF ANY AMOUNT EXCEEDS 60 DAYS THE ACCOUNT WILL BE PLACED ON C.O.D. PERMANENTLY. SHOULD THIS ACCOUNT NEED TO BE PLACED FOR COLLECTION YOU AGREE TO ALL COSTS AND FEES INCLUDING COLLECTION AND ATTORNEY FEES. THE UNDERSIGNED UNDERSTANDS THE TERMS OF PROMPT WRECKER SERVICE AND WILL PERSONALLY GUARANTEE PAYMENT FOR ALL CHARGES MADE ON THIS ACCOUNT

SIGNED _____

PRINT NAME _____ TITLE _____

PROMPT WRECKER SERVICE

11139 TAMiami TRAIL

PUNTA GORDA, FL 33955

Phone: (941) 639-4000

Fax: (941) 916-9637

CREDIT CARD PROCESSING FORM

Date: _____

Credit Card Type: VISA _____ MASTERCARD _____

Account #: _____

Expiration Date: _____

Security Code: _____
(From Back of Card...Last Three Digits)

Card Holders Name: _____
(Name as it Appears on Card)

Billing Address: _____
(To Where the Bill for
the Credit Card Goes)

Phone: _____

Fax: _____

Authorization to Charge: _____
(Signature)

PLEASE FAX BACK COMPLETED FORM TO OUR ACCOUNTS DEPT @
(941) 916-9637