



Administrative Offices:
630 N. Central Expy., STE 645
Plano, TX 75074
Phone: 214-227-2222
Fax: 214-227-6695

BUSINESS INFORMATION

Company name: _____ Trade Name: _____
Phone: _____ Fax: _____ Website: _____
Registered company address: _____
City: _____ State: _____ ZIP Code: _____
County (required): _____ Date Established: _____
Proprietorship Partnership LLC Corporation Other: _____
Fed TX ID or SSN# (SSN# is required for all proprietorship/partnerships): _____

PRINCIPAL CONTACTS

Purchasing

Name: _____ Title: _____
Phone: _____ E-mail: _____

Accounts Payable

Name: _____ Title: _____
Phone: _____ E-mail: _____

BUSINESS/TRADE REFERENCES

Company name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Phone: _____ Fax: _____ E-mail: _____
A/R Contact Name: _____ Account #: _____

Company name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Phone: _____ Fax: _____ E-mail: _____
A/R Contact Name: _____ Account #: _____

Company name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Phone: _____ Fax: _____ E-mail: _____
A/R Contact Name: _____ Account #: _____

AGREEMENT

It is agreed that the firm will pay all invoices in accordance with stated terms and finance charges assessed on past due invoices at the rate of 1 ½% per month (18%apr) together with any court costs, attorney's fees and costs of collection that Circle Care may incur in enforcing the terms of this agreement. We also authorize Circle Care to contact the aforementioned references to verify credit information. Circle Care reserves the right to secure the account.

SIGNATURE

Firm Name: _____ Date: _____
Signed By: _____ Title: _____