



## NEW CLIENT APPLICATION

GENERAL INFORMATION						
Company Name:						
Contact Person:						
Address:						
City:		State:		ZIP Code:		
Phone:		Fax:		E-mail:		
BILLING INFORMATION						
Accounting Manager:						
Phone:		Fax:		E-mail:		
Billing Address (if different):						
City:		State:		ZIP Code:		
Are P.O.'s required?    YES    NO		Send Invoices Via (circle one)		E-Mail	Hard Copy	Fax
Preferred Payment Method (circle one)		Check	Money Order	PayPal	Credit Card	Cash
Note: A 3% surcharge will be applied to all PayPay payments to cover the transaction fee.						

**I have read the Policies and Procedures for The Script Specialists. By my signature below, I understand and agree to all of the terms and policies.**

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Signature

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Date

-----  
Print Name

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Title