

Payment Agreement

BY: Name of firm or individual: _____

(check one) Individual__ Partnership__ Corporation__ Year incorporated_____

Street address: _____

City: _____ State: _____ Zip: _____

TYPE OF BUSINESS: _____

Phone _____ Fax _____

Email Address _____

HEREBY agrees to pay in accordance with the terms and conditions of:*AutoMates Terms:*

- To receive monthly billing, credit card information must be complete.
- Without valid credit card information, credit terms are prepay or C.O.D.
- Monthly billing invoices are due and payable upon receipt and considered late after thirty days. Once an account balance is late, the entire balance will be charged to the credit card and all future monthly billing will be via credit card or you may pay at time of service.
- There will be a \$15.00 charge for returned checks.

Name (as it appears on the card) _____

Account number _____

Expiration date __ / __

Signature _____

I/we certify that all information on this form is correct. I/we fully understand your payment terms and agree to proper payment in consideration of extended credit. I/we authorize AutoMates to charge this credit card according to the terms of this agreement.

Signed: _____ Title: _____

_____ Date: _____

(please print your name)

* Note: Credit Card will be charged only if statement becomes 30 days overdue