



Application for Account and Account Agreement

Company Name: _____

Doing Business As Name: _____

Business Phone #: _____ **Fax:** _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Billing Phone #: _____ **Fax:** _____

Billing Contact Name and Title: _____

Billing Contact E-mail Address: _____

Federal Tax ID#: _____ **or SS#:** _____

How Did You Hear About Chandler? _____

By executing this Application for Account and Account Agreement, you agree to the following terms and conditions which will govern payment for data provided by Chandler Reports ("Chandler Data"):

1. You promise to pay all invoices within twenty (15) days of receipt. Charges will be made at the then-published rate.
2. In the event payment is not received within twenty (15) days of the date an invoice is transmitted to you (by mail, e-mail, or fax), you agree to pay a service charge of 1.5% monthly (18% APR) in addition to the unpaid balance due.
3. You agree to pay a research fee of \$5 per invoice for copies of any invoices older than thirty (30) days which you request.
4. You agree that we may also do any or all of the following in the event payment is not received within thirty (30) days of the date an invoice is transmitted to you:
 - Impose a late fee of \$10
 - Deny additional charges and impose a "re-connect fee"
 - Impose a credit limit
 - Close the account
 - Recover reasonable attorney's fees and court costs or other costs of collection
5. You shall be liable for all unauthorized purchases made on your account, including any unauthorized purchases made by an authorized user or employee. You shall not be liable for unauthorized use that occurs after we have been notified at the telephone number or address indicated on the billing invoice.
6. We may investigate your credit records and verify your credit references. We also may report to commercial credit reporting agencies and other creditors the status and payment history of your account including any negative credit information.
7. We may change any term or part of this agreement by sending you a written notice at least thirty (30) days before the change is to become effective. Any use of your account after we have mailed the notice of change will constitute your acceptance of the change.
8. If you change your address, you must notify us of your new address within fifteen (15) days.

Authorized Officer's Name and Title: _____

Authorized Signature: _____ **Date:** _____



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I understand and agree to the terms and conditions specified above and acknowledge that I have the authority to sign this agreement for my company.

Signature: _____

Title: _____

Company: _____

Date: _____





Dear Valued Customer:

Instead of writing checks to pay your monthly statement to Chandler Reports, you can authorize us to charge your credit card on the 15th of the month for your amount due. The charge will show up on your credit card statement each month, and we will send you a copy of the invoices which were paid.

To authorize us to charge your credit card:

1. Complete and sign this form. Identify the type of card, account number, expiration date, and signature. Also, most cards have a 3 or 4 digit "card code" on the back. This 3 or 4 digit code is security for your credit card, and in compliance with our credit card processing center, it is necessary to have this number to protect you as our customer.

2. Fax or mail completed form to:
 Chandler Reports
 Attn: Lynette Smith, Bookkeeper
 193 Jefferson
 Memphis, TN 38103
 Fax: 901.454.2329

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Charge my credit card: Visa _____ Mastercard _____ Discover _____ American Express _____

Name on card: _____

Billing address for card: _____

City: _____ State: _____ Zip: _____

Card Number: _____ Exp. Date: _____

Card Verification Value Code: _____ (3 or 4 digit number located on the back of your card)

Signature of Card Holder: _____

I authorize Chandler Reports to initiate a transaction on my credit card each month for the amount due on my monthly statement. I may elect to discontinue my enrollment in the plan at any time by providing 10 days written notice.

Signature: _____ Date: _____

