

Section 1: Account Holder Information

COMPANY: _____	CONTACT: _____
ADDRESS: _____	M/S OR STE: _____
ADDRESS: _____	CITY _____
STATE/PROVINCE: _____	ZIP/POSTCODE: _____ COUNTRY _____

Section 2: Accounts Payable Information

ACCT. PAYABLE CONTACT: _____	PHONE: _____
TITLE: _____	FAX: _____
EMAIL: _____	
ALT. CONTACT: _____	ALT. PHONE: _____
ALT. EMAIL: _____	ALT. FAX: _____

Section 3: Payment Information

CREDIT CARD TYPE:	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER: _____	EXP. DATE: _____			
CID/SECURITY CODE: _____	BILLING ZIP CODE: _____			
BILLING ADDRESS IF DIFFERENT FROM ABOVE: _____				
CARDHOLDER'S NAME: _____	SIGNATURE: _____			
CARDHOLDER EMAIL ADDRESS: _____				

Section 4: Read & Initial Account Terms & Conditions

By signing below, the cardholder authorizes Thomas Management Inc., dba Bentonville Copy & Ship (BCS) to bill any charges associated with this project to the credit card provided on this form. The cardholder is responsible for all charges incurred on the company's behalf for the described work noted on this form. You have 15 days from the billing date to dispute any charges. If you have any questions about billing, please contact Mary Foster at 479-273-3987.

All credit accounts are billed weekly to the credit card listed above (we do not accept wire transfers or offer invoicing services). A receipt will be mailed to the CARDHOLDER'S email address noted on this form once the account is settled each week. If the credit card provided is declined by the issuer, your credit account will be suspended and a \$25.00 reprocessing fee will be added to any outstanding balance. **To avoid suspension of your account or reprocessing charges, please notify BCS immediately if your billing details change.**

By initialing here, you agree to the account terms and conditions: _____