ACT 2 Services, Inc.
229 Littlefield Ave, Unit 4.
South San Francisco, CA 94080

Credit Application

Company Name: _____

Billing Address: _____

City, State & Zip: _____

Contact Name: _____ **Phone #:** _____

Email: _____

A/P Contact Name & Phone #: _____ _____

Type of Ownership: ☐ Corporation ☐ Partnership ☐ Sole Proprietor

Years in Business: _____ **Fed ID #:** _____ **D&B #:** _____

Bank References

Bank Name: _____ **Account #:** **(Last 4 digits)** _____

Phone #: _____ **Contact:** _____

Open Account References

Name: _____ **Contact:** _____

Account #: _____ **Phone #:** _____ **Fax #:** _____

Name: _____ **Contact:** _____

Account #: _____ **Phone #:** _____ **Fax #:** _____

Name: _____ **Contact:** _____

Account #: _____ **Phone #:** _____ **Fax #:** _____

Remittance Options

☐ EFT/ACH (all remittance advice should be sent to remittance@act2services.net)

☐ Mail checks to: PO Box 907, San Bruno, CA 94066

Billing Options

☐ **Email Invoices To:** _____

Any special billing requirements? (PO, Ref #, etc.) _____

Terms: Net 30 Days. It is requested that credit privileges be extended to the company making application herein. It is agreed that all charges will be paid within the designated terms of thirty (30) days from the date of the invoice. Failure to do so will result in the withdrawal of credit privileges and any special provisions granted. It is understood that payments not received within thirty (30) days from the invoice date will be assessed a service charge of one percent (1.0%) or minimum of $10 per month or fraction thereof. It is further understood that the company making application will be responsible for and pay all costs of collecting past-due amounts, including collection and attorney fees, whether or not suit is filed. Venue for all legal actions shall be in San Mateo County, California. Applicant agrees to our Terms & Conditions located on our website: www.act2services.net

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____