



**Just print this page, fill it out and fax it to us or bring it in.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

We understand that a full payment of our monthly statement is due upon receipt and that overdue balances will be subject to finance charge. The undersigned personally guarantees full and prompt payment of all charges.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**26 Vessey Street, Between Broadway & Church Street, New York, NY 10007**

**Telephone: 212-791-5252 Fax: 212-791-5326**

Restrictions may apply. For questions, please call 212-791-5252