

# PREFERRED COMMERCIAL ACCOUNT SET UP AND BUSINESS CREDIT APPLICATION

Preferred Scheduling. Discounted Pricing. No Obligation.



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## COMPANY INFO

Company: \_\_\_\_\_  
Street 1: \_\_\_\_\_  
Street 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Website: \_\_\_\_\_  
Industry: \_\_\_\_\_  
Business Type: Sole Proprietorship   
Partnership   
Corporation  Date Incorporated: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Internal Use Only

	Yes	No
Free Trial Authorization	<input type="checkbox"/>	<input type="checkbox"/>
15% Discounted Pricing	<input type="checkbox"/>	<input type="checkbox"/>
Prioritized Scheduling	<input type="checkbox"/>	<input type="checkbox"/>
Additional Auth. Personnel	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____ _____	
System Input Complete	<input type="checkbox"/>	
Send Insurance Info	<input type="checkbox"/>	

## PRIMARY COMPANY CONTACT

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_  
Title: \_\_\_\_\_ After-hours Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

## BILLING CONTACT

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

*Billing Address (If Different From Company Address)*

Street 1: \_\_\_\_\_ City: \_\_\_\_\_  
Street 2: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## BANK INFORMATION

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Street 1: \_\_\_\_\_ Type of Account: Checking  Savings   
Street 2: \_\_\_\_\_ Acct Rep.: \_\_\_\_\_  
City: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

PREFERRED COMMERCIAL ACCOUNT SETUP AND BUSINESS CREDIT CARD APPLICATION

TRADE REFERENCES

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_
Title: \_\_\_\_\_ After-hours Phone: (\_\_\_\_) \_\_\_\_\_
Email: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_
Title: \_\_\_\_\_ After-hours Phone: (\_\_\_\_) \_\_\_\_\_
Email: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_
Title: \_\_\_\_\_ After-hours Phone: (\_\_\_\_) \_\_\_\_\_
Email: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

TERMS OF AGREEMENT

Applicant's signature attests the acceptance of agreement, financial responsibility, ability and willingness to pay our invoices in accordance with the following terms and conditions: Terms of payment are no more than NET 30 days from date of invoices. Interest may be charged at the rate of 1.5% per month. Initial \_\_\_\_\_ on all delinquent accounts. Applicants will be responsible for attorney's fees and court costs, if default litigation occurs. The above information given is for the sole purpose of account setup/obtaining credit and is warranted to be true. I/We hereby authorize Property Doctor to investigate the references pertaining to my/our credit and financial responsibility.

Authorized Company Representative

Property Doctor Representative

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

X  
\_\_\_\_\_  
SIGNATURE

X  
\_\_\_\_\_  
SIGNATURE

TERMS OF AGREEMENT

I/We hereby authorize any and all references listed above to answer and reveal any and all credit information, history and details about my/our account to the firm to who this application is made.

\_\_\_\_\_  
PRINT NAME

X  
\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE