



NEW ACCOUNT CREDIT APPLICATION WITH CREDIT CARD AUTHORIZATION

COMPANY NAME _____

STREET ADDRESS _____ CITY _____ ZIP _____

TELEPHONE# _____ FAX# _____

CONTACT FOR ACCOUNTS PAYABLE _____

TAX ID OR SOCIAL SECURITY NUMBER: _____

E-MAIL ADDRESS

BANK NAME _____ TELEPHONE # () _____

ADDRESS _____ ACCOUNT# _____

NAME ON CREDIT CARD: _____

ADDRESS WHERE YOUR BILLS IS MAILED: _____

CREDIT CARD: MC OR VISA ONLY: _____

CREDIT CARD NUMBER: _____ EXP: _____

3 NUMBER CODE ON BACK _____

I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS:
THE ABOVE IS TRUE AND IS SUBMITTED FOR THE PURPOSE OF OPENING AN ACCOUNT WITH DYNAMIC DELIVERY, INC. THIS WILL AUTHORIZE DYNAMIC DELIVERY TO VERIFY THE ABOVE INFORMATION. DYNAMIC DELIVERY, INC. WILL NOT BE RESPONSIBLE FOR THE COST OF ANY ITEM NOT DECLARED AT THE TIME THE ORDER IS PLACED. OUR MAXIMUM LIABILITY IS \$25.00 PER DELIVERY. YOUR ACCOUNT WILL BE BILLED TWICE A MONTH AND PAYMENT IS DUE WITHIN 10 DAYS OF THE BILLING DATE. APPLICANT AGREES TO PAY ALL MONIES DUE WITHIN TERMS GRANTED. DYNAMIC RESERVES THE RIGHT TO CHARGE YOUR CREDIT CARD FOR PAST DUE BALANCES NOT PAID WITHIN OUR CREDIT TERMS, ALONG WITH AGREEING TO PAY FOR ANY COLLECTION EXPENSES INCLUDING ADMINISTRATIVE COST , COURT COST, ATTORNEY OR ARBITRATE FEE'S DUE TO NON PAYMENT. NO TIME GUARANTEE'S AND NO SIGNATURE GUARANTEE ON YOUR DELIVERY.

SIGNATURE

OWNERS NAME (PRINT)

NAME & TITLE

DATE

Fax Completed Form to: 818 230-0405
818.598.8700 phone