



5630 Kearny Mesa Road
Suite B
San Diego, CA 92111
(858) 279-1181 Fax (858) 279-1183
mail@selectmailing.com

Experienced Professionals. Personally Involved.

New Client

Firm Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Type of Business: _____ Form (Corp., Inc. etc) _____

Federal Tax ID No. _____ In business since: _____

Bank Name: _____ Bank Officer: _____

Bank Phone: _____ Type of Account (s): _____

Please specify at least three local trade references: (Company, address, phone):

The applicant and undersigned agree that in consideration for establishing an account, all charges will be paid in full within the terms of the sale on individual invoices. In addition, if the account becomes delinquent, the applicant agrees to pay a service charge on the unpaid balance equal to the lesser of 1.5% per month or the maximum rate allowed under applicable law. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms stated thereon.

Firm Name: _____ By: _____

Date: _____ Title: _____