

ACCOUNTING CONTACT INFORMATION

Accounting Contact Name:		Amount of Credit Requested:	
Phone:	Fax:	E-mail:	
Preferred Method for Invoicing:			
Required Documents for Invoicing:			

BUSINESS AND CREDIT INFORMATION

Legal Company Name:		Tax ID:	DUN:
Physical Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

Billing Address (if different):			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

TERMS and CONDITIONS

Upon credit approval, all charges are payable in US Dollars and are due within 15 days of invoice date. Any payment which is past due shall be subject to an additional charge at the rate of 1.5% per month of the average outstanding balance due, or the highest rate of interest permitted by applicable law, whichever is less. THE ABOVE INFORMATION is for the purpose of obtaining credit and is warranted to be true. I hereby authorize the company to whom this application is made to investigate the references pertaining to our credit and financial responsibility. You agree to accept electronic signatures and/or faxed copies of this document as creating legal effect. THE AUTHORIZED SIGNATORY SIGNING THIS APPLICATION ON BEHALF OF ITS COMPANY CONSENTS AND BINDS ITS COMPANY TO THE TERMS FOUND AT WWW.SHIPSIMS.COM, ALL OF WHICH ARE HEREBY INCORPORATED BY REFERENCE. (Click to access Terms and Conditions.)

SIGNATURE

Signature: _____	Title:
Printed Name:	Date:

Payment Options

ACH/Credit Card Payment Authorization

You authorize regular scheduled charges to your Bank Account or Credit Card. Credit Card payments will incur a 3% processing fee. You will be charged in full of the amount due for each billing period in accordance to the agreed payment terms. A receipt for each payment will be provided to you and the charge will appear on your Bank Account Statement or your Credit Card. You agree that no prior-notification will be provided unless there is a disputed amount, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize Sims Global Solutions, LLC to charge my Bank Account or Credit Card below for the amount due each pay period.

Bank (ACH) Information:

-Checking Account -Savings Account

Name on Account - _____

Bank Name - _____

Account Number - _____

Routing Number - _____

Credit Card Information: (subject to a 3% processing fee)

-VISA -MasterCard -AMEX -Discover

Cardholder's Name - _____

Credit Card Number - ____ - ____ - ____ - ____

Expiration Date - __ / __ Security Code (CVV) - ____

I understand that this authorization will remain in effect until I cancel my services and my account is paid in full. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a transaction being rejected, I understand that the merchant may at its discretion attempt to process the charge again each pay period, and agree to an additional charge of \$35 for each attempt returned and be subject to an additional late fee at the rate of 1.5% per month (.0493% per day) of the balance remaining after 30 days. I acknowledge that the origination of ACH and Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account/credit card and will not dispute these transactions with my bank or credit card company; so long as the transactions correspond with the terms indicated in this authorization form.

Individual's Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Company:

Please EMAIL a signed copy to clientsetup@simsglobalsolutions.com