
VETTRIGHT 24/7 LLC
PAYMENT AUTHORIZATION

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

Forward Completed form to:
Jrandall@vettright247.com

Subscriber Information:

Company Name: _____

DBA: _____

Current Software System: _____

Business Sector: _____

Years in Business: _____

Physical Address:

(Street Address)

City: _____ **State:** _____ **Zip:** _____

Mailing Address: _____

Telephone: _____

Website: _____

Alt. Telephone: _____

Email: _____

Main Contacts:

- **Name:** _____
#/ Ext: _____ **Email:** _____
- **Name:** _____
#/ Ext: _____ **Email:** _____
- **Name:** _____
#/ Ext: _____ **Email:** _____

Type of Business:

Sole Proprietor Partnership Corporation/ State of

Tax ID #: _____

Business License #: _____

State License #: _____

State of Issuance: _____

Accounts Payable Contacts:

- **Name:** _____
#/ Ext: _____ **Email:** _____
- **Alt. Name:** _____
#/ Ext: _____ **Email:** _____

Prescreened Names:

We respectfully request that any prescreened or pre-indexed search requests submitted to us:

1. are clearly marked as such, that we may distinguish them from regular search requests.

Terms of Acceptance:

Terms of payment are **Net 15**. In the event invoices are not paid when due, interest may accrue on the unpaid balance at the rate of **1 1/2% per month** on the declining balance. Should legal action be required to enforce payment on any amounts due, customer agrees to pay reasonable attorney fees allowed by law. Customer agrees to pay appropriate charges if referred to third party.

I (we) certify that the above information is true and correct, and that I (we) can and will comply with your terms. I (we) hereby authorize you or your agent to investigate the references or other data furnished by me or by any other person regarding my credit responsibility if this application is accepted.