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CUSTOMER SET-UP FORM

Contact Information

Legal Name: _____
 Trade Name (d/b/a): _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Type of Business: Partnership LLC Sole Proprietorship Corporation (State)

TIN/EIN Number: _____

Tax Exempt?: Yes No * If yes, please attached tax exemption certificate

PO Required?: Yes No

Billing Information

Contact Name: _____ Department: _____
 Billing Address: _____
 City, State, Zip: _____
 Bill to Name (if different than above): _____
 Phone: _____ Fax: _____ E-mail: _____

Billing Preference: Credit Card* ACH* Invoice * Please fill out attached Payment Authorization Form

One-Time Payments:

Card Number: _____ Visa Master Card Discover Amer Express
 Expiration Date: _____ CVV #: _____ * 3 digits on back MC/VS/DC ; 4 digit on front AMX
 Name on Credit Card: _____
 C.C. Billing Address: _____ CC Billing Zip Code: _____
 Set Card up for Automatic Payments?: Yes* No * Please fill out attached Payment Authorization

Cardholder's Signature **X** _____

** Please Note: Beginning 3/1/16 there will be a 3% surcharge for all credit card payments. To avoid, please fill out ACH information **

Financial Policies

I understand that I am financially responsible for the charges invoiced and agree to make timely and accurate payments, within terms. All late payments will be charged 1.5% per month, or 18% per year. Change requests will be submitted for approval for any additional or unforeseen charges related to projects. MC Services is not responsible for any warranty or service claims. I agree that I am entirely financially responsible for paying MC Services in full, and that I may need to deal directly with any third-party on warranty claims. I further agree to pay reasonable attorney's fees and court costs in the event that legal action becomes necessary to enforce this contract.

Authorized Signature _____ Title _____ Date _____