



**Knight Abbey**  
More than just a printer

315 Caillavet Street | Biloxi, MS 39530  
228.374.3298 | Toll Free 800.844.6552 | Fax 228.374.3304  
www.knightabbey.com

# CLIENT BILLING PREFERENCES

## 30 DAY NET APPLICATION

FOR OFFICE USE ONLY:	
Customer Bill Code:	MIS Code:
Date Opened:	Salesperson:

**BILLING ADDRESS:**

Name of Business: \_\_\_\_\_  
 DBA \_\_\_\_\_  
 Billing ATTN to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BUSINESS ADDRESS:** (If different than Billing Address)

Name of Business: \_\_\_\_\_  
 ATTN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

Thank you for doing business with Knight Abbey. We value you as a client and look forward to a successful business relationship. If your business would like to be billed Net 30, please fill out basic information below; otherwise, all accounts will be C.O.D.

Owner of Business: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address \_\_\_\_\_

Billing Information ATTN to: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

How much printing do you anticipate charging each month? \_\_\_\_\_

List three businesses your firm has charge accounts with:

- Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long has your firm been in business? \_\_\_\_\_

Business Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Our charge accounts are due on a 30-day term. Will you pay your bill on time? \_\_\_\_\_

Do you require a purchase order?  Yes  No

Tax Exempt Status and number: \_\_\_\_\_

Dun & Bradstreet # (if available): \_\_\_\_\_

Names of Persons authorized to charge on this account: 1.) \_\_\_\_\_  
2.) \_\_\_\_\_  
3.) \_\_\_\_\_

Would you need any special information included in your billing?  Yes  No If so, please describe below:

---

### CREDIT AGREEMENT

Customer verifies that the above information is true and correct and hereby grants permission for any person to furnish Knight Abbey any and all information which may be required. The applicant and guarantors hereby authorizes Knight Abbey (the Creditor) to take appropriate measures in verifying the credit of ( \_\_\_\_\_ YOUR BUSINESS NAME HERE \_\_\_\_\_ ) and releases Knight Abbey from any obligations and restrictions imposed by law while researching this information. Customer also agrees to pay for any and all deliveries under and pursuant to its accounts, whether ordered by the customer or by any person representing himself/herself to be an agent, employee or representative of the company. The undersigned agrees to pay all invoices within the following terms of sale: payment due on or before 30 days form date of invoice; past due thereafter. Past due accounts are subject to a late payment of 1.5% per moth (18% per annum). Purchaser agrees to pay in accord with the foregoing terms of sale and further agrees to pay all collection costs and attorney's fees necessary to collect past due amounts, as permitted by law.

The undersigned personally guarantees and personally assumes full and ultimate responsibility for payment of all invoices generated under the terms and conditions outlined above. This guarantee may only be revoked by written notice to Knight Abbey (the Creditor) served via certified or registered mail, and any such revocation shall become effective 30-days after receipt of said written revocation. Any revocation does not revoke the obligation of the guarantor(s) to provide for prompt payment for indebtedness incurred prior to the effective date of the revocation, including the principal amount, interest, costs, and such reasonable attorneys fees as shall be incurred pursuant to this guarantee and under any contract evidencing the indebtedness guaranteed herein.

Any dispute arising under this Agreement shall be governed by the laws of the State of MS and that the customer agrees that any civil action may be brought in the County of Harrison, the State of MS unless otherwise required by the laws of the State of MS.

#### I UNDERSTAND AND AGREE TO THE ABOVE TERMS:

Name (please print or type): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

