



**VIRTUAL/ MAIL CLIENT APPLICATION/CC or ACH AUTHORIZATION**

**PLEASE PRINT CLEARLY AND COMPLETE ALL REQUESTED INFORMATION**

How Did You Hear About Us? ..... Referral? .....Yes or .....No `Referral Name \_\_\_\_\_

Full Legal Company Name: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Type of Entity: .....Corporation ..... Partnership ..... Sole Proprietorship Tax ID# \_\_\_\_\_

If Corporation: State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_ Corp ID# \_\_\_\_\_

Corporate or Current Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Corporate or Billing Address: \_\_\_\_\_ Accts Payable Contact: \_\_\_\_\_

\_\_\_\_\_ A/P Phone #: \_\_\_\_\_

\_\_\_\_\_ A/P Fax #: \_\_\_\_\_

Billing Preference:  Mail  Box  Email A/P/ Email Address: \_\_\_\_\_

**PLEASE PROVIDE INFORMATION FOR THE INDIVIDUAL(S) EXECUTING THIS AGREEMENT**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

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

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

**CREDIT CARD AUTHORIZATION/ACH AUTHORIZATION**

*Contact information does not need to be filled out if the same as above.*

Full Name: \_\_\_\_\_

Account Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Phone #: \_\_\_\_\_ Card or Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

Credit Card OR Account Type:

Charge Card or Debit Account:

*The above information is true and correct to the best of my/our knowledge. I/We hereby give Meridian Business Centers or its assignee permission to review my/our credit history and other background information. The Signer hereby represents and warrants to **Meridian Business Centers** that he/ she is a Client or is a fully-authorized representative of Client, and that he/she is authorized by Client and by the entity issuing the credit card or account listed above to make charges to such credit card or account and to sign on behalf of the credit card holder or account holder. (Client agrees if "monthly" option is chosen, this charge is coterminous with the terms of the Service Agreement)*

*By completing the credit card/ACH authorization information form, I authorize **Meridian Business Centers** to debit any and all recurring and variable service charges from the credit card account or checking/savings account listed above.*

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