

Credit Card Account Application

Please print and complete in entirety

If you are TAX EXEMPT, please attach the appropriate documentation

Legal Name of Business: _____ DBA: _____

Billing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Tax ID/SS#: _____ Are You Tax Exempt? : Yes OR No (Please Circle)

Delivery Address (es) (if different from above): _____

Accounts Payable Information-

Accounts Payable Contact Name: _____

Email Address: _____

Phone w/ Ext.: _____ Fax: _____

Physical Address (if different from above): _____

City/State/Zip: _____

In an effort to reduce waste, please consider having us email you your invoices. Choose method below.

RECEIPTS EMAILED to this address: _____

RECEIPTS FAXED to this Fax #: _____

RECEIPTS MAILED to this address (if different from top address): _____

City/State/Zip: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Is this for one time use? Yes OR No (Please Circle)

If for use to set-up account, please choose ONE of the following options:

My card is to be charged per job: My card is to be charged per month: (Please Check One)

Printed Name of Card Holder: _____

Signature of Card Holder: _____

KJKCD, Inc. Account Representative (if applicable): _____

Date: _____

Camelot Job #: _____ (for office use only)