



Just print this page, fill it out and fax it to us or bring it in.

Company Name: _____

Address: _____ Floor: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Extension: _____

Billing Contact: _____

Name of Bank: _____ Contact: _____

Account Number: _____

Phone Number: _____

We understand that a full payment of our monthly statement is due upon receipt and that overdue balances will be subject to finance charge. The undersigned personally guarantees full and prompt payment of all charges.

Authorized Signature: _____ Date: _____

Print Name: _____

Title: _____ Fax Number: _____

26 Vessey Street, Between Broadway & Church Street, New York, NY 10007 Telephone:

212-566-6222 Fax: 212-791-5326

Restrictions may apply. For questions, please call 212-566-6222