

109 Washington Street
Plainville, MA 02762

AUTO SOUND

ACCOUNT SETUP FORM

FAX: 508-643-9920
PHONE: 508-643-9853
ATTN: BETH

EMAIL: ACCOUNTSRECEIVABLE@AUTOSOUND.COM

COD CUSTOMERS

COMPANY INFORMATION

Company Name: _____ FID#: _____
Billing Address: _____ Tel #: _____
Shipping Address: _____ Fax #: _____
City: _____ SOLE OWNERSHIP ☐ PARTNERSHIP ☐
State: _____ Zip: _____ CORPORATION ☐
Email: _____

PRINCIPALS

Name: _____ Title: _____
HomeAddress: _____
City: _____ State: _____ Zip: _____ Tel # : _____

Name: _____ Title: _____
HomeAddress: _____
City: _____ State: _____ Zip: _____ Tel # : _____

BANK INFORMATION

Name: _____ Street Address: _____
City: _____ State: _____ Zip: _____ Tel # : _____
Account #: _____ Fax #: _____
Account #: _____ CHECKING ☐ LOAN ☐

All payments must be made at the time of service via check, credit card, or cash. In order to accept a company check, bank information must be included in this form. You are not applying for an open account with credit terms and we will not run your credit. Returned checks by the bank will be charged a fee of \$35 in addition to the amount owed.

Read and Accepted: _____ Title: _____ Date: ____/____/____