



FINANCIAL INFORMATION

1. Business Banking Information

Financial Institution: _____ City _____ State _____
Federal Tax ID Number: _____ or Tax ID# _____
Account Number: _____ Telephone: _____

2. Sole proprietors or partnerships must identify the principal(s) of the business:

Name	Hm Address	DOB	Social Security Number	Telephone

3. Credit References Business Banking Information (Banking Information requested must be included)

Reference: _____ Name of Contact _____
Account#: _____ Phone # _____

Reference: _____ Name of Contact _____
Account#: _____ Phone # _____

4. Please choose your payment preference: (Net Accounts must first be approved)

Net 15 Net 30 Visa MasterCard American Express Discover

Name as it appears on card: _____

Card Number: _____ Exp Date _____

CVV Code: Visa/MC (3 digits on back) AMEX (4 digits on front)

Billing Address Same _____

Address 2 _____

City, ST, Zip _____

I hereby authorize Collective Intelligence, Inc. to charge my credit card for fees associated with my usage of their services. The agreement will continue in effect as long as I remain a customer or until I change my payment options with them in writing. I further warrant that all of the information provided herein is complete and accurate.

Signature of Cardholder _____ Date _____