



301-946-9710 V/TTY  
301-946-9685 FAX

Federal Tax ID 52-1267212

# NEW CLIENT APPLICATION

## CUSTOMER BILLING INFORMATION

ORGANIZATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

MAIN PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

FAX NUMBER (\_\_\_\_\_) \_\_\_\_\_

HOME PHONE NUMBER (individuals only) (\_\_\_\_\_) \_\_\_\_\_

CONTACT PERSON FOR BILLING \_\_\_\_\_

CONTACT PERSON'S PHONE NUMBER \_\_\_\_\_

EIN NUMBER \_\_\_\_\_

DUNS NUMBER \_\_\_\_\_

## BILLING AUTHORIZATION

SLA accepts payment via credit cards (Visa, MasterCard and American Express). Invoices can be sent when we have a purchase order or written authorization for payment.

PURCHASE ORDER NUMBER \_\_\_\_\_  
*(Must have signed PO or authorization on file)*

CREDIT CARD Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CARDHOLDER'S PHONE NUMBER \_\_\_\_\_

Client affirms that the information provided above is true and correct to the best of his or her knowledge and agrees to pay all obligations to Sign Language Associates, Inc., as indicated on each invoice and in accordance with all prices, policies and procedures as outlined on SLA's Client Fact Sheet.  
SLA Payment Terms: Net 30 days.

NAME AND TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_