



CUSTOMER INFORMATION FORM

Please fill out completely. Changes to existing customer profile can be submitted on this form.

Please return to: info@mastinsepticandwell.com

Or 12004 Waterville Swanton Road, Whitehouse, OH 43571

CUSTOMER INFORMATION

Business Name:		
Street Address:		
City, State, Zip:		
Phone:		Fax:

Construction Government Personal Business Park/Rec Other

ACCOUNTING CONTACT

Name:		
Email:		
Phone:		Fax:
Bill To Address:		
Invoices sent via:	<input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/> MAIL	
Terms:	Invoicing: NET ____ days <input type="checkbox"/> CC on file <input type="checkbox"/> ACH	

CONTRACT CONTACT

Contact Name:		
Email:		
Phone:		

ON-SITE CONTACT

Contact Name:		
Contact Name:		





ADDITIONAL INFORMATION



CUSTOMER CREDIT CARD AUTHORIZATION FORM

In an effort to better serve our customers and simplify your billing experience, our company offers credit card acceptance. Charge card information is filed with your confidential customer information and kept secure.

I authorize Randy Mastin Septic Tank, Inc. to keep a credit card on file to satisfy my financial obligations. I understand that this information is stored safely and securely. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.

OPTIONS	<p>_____ (initial) I hereby authorize Randy Mastin Septic Tank, Inc. to charge the balance of my account automatically each month. Card will be charged the first week of the each month for prior month fees.</p> <p>_____ (initial) I choose to manually pay my account balance. Balance for services is due on the as indicated on the invoice provided each month.</p>
PAYMENT INFORMATION	<p>Customer Name: _____</p> <p>Billing Address: _____</p> <p>City, State, Zip: _____</p> <p>Type of Card: <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </p> <p>Card Number: _____</p> <p>Expiration Date: _____ Security Code: _____ <small>(last three digits on card, last four on AMEX)</small></p> <p>The undersigned guarantees performance of the financial provisions of this agreement.</p> <p>Card Holder Name: _____</p>
AGREEMENT	<p>By signing below, customer hereby authorizes Randy Mastin Septic Tank, Inc. to charge all past due invoices (60 days past the invoice date) to the credit card listed on this document or on file. Randy Mastin Septic Tank, Inc. will make every attempt to notify customer prior to charging the credit card. Delinquent accounts (older than 90 days) are subject to collections; all collection expenses, attorney's fees and court costs are the responsibility of the creditor.</p> <p>Authorized Signature: _____ Date: _____</p> <p>Printed Name & Title: _____</p>

Randy Mastin Septic Tank, Inc. must be notified –in writing (via email or mail)– about any invoicing disputes within 60 days of the invoice date. Any disputes received after that period will not be eligible for review.

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