

Client Form

Business Clients

*As your technology partner, we work hand-in-hand
with you to provide customized solutions for your business needs*

General Information

Company Legal Name

Address	City	State	Zip
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Phone	Fax
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Website

How did you hear about us?

Complete the following:

Corporate Name (If this is a Branch office)

Address	City	State	Zip
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Phone	Fax
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Standard Scope of Work

Technical Contact Person	Position	E-mail	Phone
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** Billing Contact Person	Position	** E-mail	Phone
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Year Company was established

Principal's Name	EIN/ SSN #
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Credit Trade Reference

1.	Phone	Fax
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2.	Phone	Fax
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The above company and Individual both agree to be responsible for the payment of services to I.T. Solutions of South Florida, Inc. Payment is due UPON SERVICES RENDERED, unless otherwise negotiated. Should your company wish for IT Solutions of South Florida to extend billing terms, the above Trade References are to be provided and a credit card must be kept on file. If terms are approved, Net terms are 10 days and accounts are subject to suspension when balances exceed 20 days and the balance for work completed will be placed on the card provided. Client also agrees to pay all costs of collections including attorney's fees, court costs and processing fees. By accepting and agreeing to do business with I.T. Solutions of South Florida you agree to the Terms and Conditions located at the bottom of I.T. Solutions of South Florida's website at www.ITSolutions247.com.

* _____
SIGNATURE

* _____
DATE

www.ITSolutions247.com

We Simplify I.T.

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Technology Solutions that Work for your Business..

120 N. Federal Highway, suite 206 • Lake Worth, FL 33460 • 561-582-9467 • Billing@ITSolutions247.com

Technology Management  Cloud Computing  Voice & Data Cabling  E-mail Hosting  Colocation
Business Phone Solutions  Backup & Disaster Recovery  Professional Consulting  24 x 7 Help Desk

Credit Card Authorization Form (Please note a 3.5% processing fee will be applied to Credit Card transactions)

Card Type: ☐ VISA ☐ MASTERCARD

Account Number: _____

Name Listed On Credit Card: _____

Expiration date: _____ Security Code: _____

Billing Address: _____

City/State/Zip: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

The completion of this Payment Authorization Form helps us to protect our valued customers from credit card fraud. I.T. Solutions will keep all information entered strictly confidential.

-OR-

Banking Agreement (ACH) Authorization Form

I/We hereby authorize IT Solutions of South Florida to initiate debit entries to the account indicated below at the named depository financial institution.

Company Name _____

Financial Institution _____ Checking or Savings (please circle)

Branch _____ Phone _____

City _____ State _____ Zip _____

Account Number _____ Routing Number _____
(9 digit transit/ABA number at the bottom of check)

___ **Our company is new** to IT Solutions ACH program

___ We are enrolled in the ACH program, but **our bank account has changed.**

___ We are enrolled in the ACH program and our **bank account is the same as last year.**
(Attach a new copy of check with this form)

Account Signer _____ Date _____

Signature Required

2nd Account Signer _____ Date _____

2nd signature Required if account requires two signatures on check

This authorization shall remain in effect until IT Solutions of South Florida has received written notification from the above signers of its termination in such time and in such manner so as to afford IT Solutions of South Florida a reasonable time to act on it.

Tape a voided or photocopy of your preprinted check* from the checking/savings account you are using for IT Solutions of South Florida to this area for verification of account numbers.

***Sorry, but we cannot use a Deposit Slip for verification of account, If you do NOT have a check, please get a short letter from your bank on bank letterhead with your bank account number and routing number to be used for ACH transactions.**

A \$40.00 fee will be assessed for all returned ACH payments.

Please send us **the original** of this form with **original** signatures.

Please do not fax form as it includes your bank information. E-mail to billing@ITSolutions247.com and mail this form to:
IT Solutions of South Florida, 120 N Federal Hwy. Suite 206, Lake Worth, FL 33460

If you change your bank account during the year, submit a new form and allow time for processing.

Additional forms are available upon request by e-mailing billing@ITSolutions247.com