

NETRIVER

New Account Set-Up Form

Company Information

Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Business Type: **Corporation/LLC** **Sole Proprietorship** **Partnership** **Non-Profit**

Company Authorizer: _____ Title: _____
Phone: _____ Email: _____

The company authorizer is the only person who can make changes to the billing information on this form.

Technical Contact: _____ Title: _____
Phone: _____ Email: _____

Billing Contact: _____ Title: _____
Phone: _____ Email: _____

Emergency Contact #1: _____ Title: _____
Phone: _____ Email: _____

Emergency Contact #2: _____ Title: _____
Phone: _____ Email: _____

Billing Authorization

Preference: **Email Billing** **Credit Card Billing** **ACH Billing**

Credit Card Debit: I (we) hereby authorize NetRiver, Incorporated to initiate debit and credit entries to my (our) credit card indicated below. I further authorize NetRiver, Incorporated to debit said account for such amount allowed by law in the event a debit entry is rejected by the card company.

Credit Card Number: _____ Expiration Date: _____
Name on Card: _____ Circle: Visa MasterCard AMEX
Billing Address: _____ City: _____ State: _____ Zip: _____

Automatic ACH (Electronic Check) or Credit Card billing is available. NetRiver will debit your account for all monthly fees.

Depository Name: _____ Transit/ABA/Routing #: _____
Billing Address: _____ City: _____ State: _____ Zip: _____

This authority is to remain in full force and effect until NetRiver, Incorporated has received written notification of its termination in such time, but no less than 3 business days before any payments are due to be made, and in such manner as to afford NetRiver, Incorporated and DEPOSITORY a reasonable opportunity to act on it. NetRiver bills on or around the 24th of each month. There is a \$25.00 return check fee.

Authorized Signer: _____ Date: _____