

PLEASE FILL OUT AND RETURN THE FOLLOWING INFORMATION ALONG WITH YOUR FIRST ORDER REQUEST. PLEASE ALSO DATE AND SIGN STATING THAT YOU AGREE TO THE TERMS AND PRICES PRESENTED.

\*\*\*\*\*PUNCTUAL ABSTRACT CO, INC. – NEW CLIENT INFORMATION\*\*\*\*\*

COMPANY NAME: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

**TYPE OF ENTITY:**

- CORPORATION (if you are using a fictitious business name, please include the fictitious business name.)
- LIMITED LIABILITY COMPANY                      RESALE #: \_\_\_\_\_
- LIMITED PARTNERSHIP                                FEDERAL TAX I.D. #: \_\_\_\_\_
- PARTNERSHIP    DUNS #: \_\_\_\_\_
- SOLE PROPRIETORSHIP                                BUSINESS START DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (OR) \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT PERSON: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (OR) \_\_\_\_\_ FAX#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MONTHLY STATEMENT ADDRESS/EMAIL: \_\_\_\_\_

\_\_\_\_\_

**BANK REFERENCES:**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**(Please list all and any other banks your company uses for business.)**

**TRADE REFERENCES: (please list three (3) minimum)**

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PERSONAL GUARANTEE**

The within guarantee is made for the benefit of, and to obtain credit on a continuing basis from Punctual Abstract Co., Inc. The undersigned hereby guarantees the performance of all obligations of \_\_\_\_\_, including but not limited to payment of all present and future indebtedness to Punctual Abstract Co., Inc., whether secured or unsecured and regardless of how the indebtedness is represented or incurred and regardless of prior notice, demand or pursuit of remedies against the party primarily liable. The undersigned consents to any extension or alteration of any obligation and guarantees such with out prior notice. This guarantee shall continue in effect until the undersigned has notified Punctual Abstract Co., Inc. in writing via certified mail of its cancellation, but such cancellation shall not alter any obligation of the undersigned arising thereunder prior to receipt of such written notice.

The undersigned hereby authorizes Punctual Abstract Co., Inc. or its agent to investigate his/her credit and authorizes any bank, mortgage lender or landlord, credit reference or any other party to release information to Punctual Abstract Co., Inc. or its agent, and hold harmless for said disclosure. The undersigned grants a security interest in all goods sold, and agrees to pay reasonable attorney's fees and cost of collection and interest at the maximum legal rate in the event of any default under this obligation.

Please print full name, date, and sign as an individual.

PRINT Name \_\_\_\_\_ Social Security# (OR) Fed ID# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

METHOD OF PAYMENT FOR SERVICES PROVIDED (CIRCLE ONE):

CHECK OR DIRECT DEPOSIT

**\*\*PAYMENT DUE (45) DAYS FROM COMPLETION OF SERVICES\*\***

**IF PAYMENT IS NOT RECEIVED WITHIN FORTY-FIVE (45) DAYS OF COMPLETION OF WORK THEN YOU AGREE TO THE PAYMENT OF INTEREST THEREON AT THE RATE OF ONE AND ONE HALF PERCENT (1 ½%) PER MONTH FROM THE DATE OF COMPLETION OF WORK UNTIL PAID. SHOULD IT BE NECESSARY TO EMPLOY AN ATTORNEY TO COLLECT ANY AMOUNT NOT PAID, YOU AGREE TO PAY ATTORNEYS FEES IN AN AMOUNT EQUAL TO TWENTY-FIVE PERCENT (25%) OF ANY AMOUNT SOUGHT TO BE COLLECTED AND ALL COSTS OF COLLECTION.**

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

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**\*\*ALL ORDERS SHOULD BE EMAILED TO [PUNCTUALORDERS@PUNCTUALABSTRACT.COM](mailto:PUNCTUALORDERS@PUNCTUALABSTRACT.COM) OR FAXED TO (504) 341-7911 (TOLL FREE: 888-341-7911)\*\***

**CONTACTS: ACCOUNTING DEPARTMENT:**

**VICKIE BREAUX-ACCOUNTING ADMINISTRATOR / (504) 341-7900 X 21  
EMAIL: [VLBREAUX@PUNCTUALABSTRACT.COM](mailto:VLBREAUX@PUNCTUALABSTRACT.COM)**

**SHANNON JACKSON – ACCOUNTS RECEIVABLE / (504) 341-7900 X 29  
EMAIL: [SHANNON@PUNCTUALABSTRACT.COM](mailto:SHANNON@PUNCTUALABSTRACT.COM)**

**ARIEL HUNTER – ADMINISTRATIVE ASSISTANT / (504) 341-7900 X 20  
EMAIL: [ARIEL@PUNCTUALABSTRACT.COM](mailto:ARIEL@PUNCTUALABSTRACT.COM)**

**\*\*CANCELLED ORDERS MUST BE SUBMITTED IN WRITING AND SHOULD BE RECEIVED IN OUR OFFICE BEFORE THE REQUESTED WORK IS RECEIVED BY OUR OFFICE OR YOU WILL BE RESPONSIBLE FOR PAYMENT OF ANY SERVICES RENDERED\*\***

**\*\*PLEASE INCLUDE OUR INVOICE NUMBER WITH YOUR PAYMENT.**

**\*\*SEE ATTACHED LIST FOR DEPARTMENT CONTACT LIST.**