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## Monthly Account Application and Credit Agreement

Account Name \_\_\_\_\_ Date \_\_\_\_\_

Please complete the following information. Information you provide below is strictly confidential. Incomplete applications will not be processed. Please allow up to two weeks for your application to be processed.

**Legal Name of Business** \_\_\_\_\_

### Billing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

### Physical Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

**Ownership:** Corporation \_\_\_\_\_  
Individual \_\_\_\_\_  
Partnership \_\_\_\_\_  
Other \_\_\_\_\_

Incorporated in what State \_\_\_\_\_,  
Year Founded/Inc \_\_\_\_\_,  
Social Security # \_\_\_\_\_  
Federal Tax ID # \_\_\_\_\_  
Years in Business \_\_\_\_\_

### Name of Principal(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_

Name of Manager: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Person in Charge of Payment: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Financial Institution or Bank Information:**

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Account Number(s) \_\_\_\_\_

Type of Account:  Checking  Savings  Trust  Other \_\_\_\_\_

Bank Officer/Contact \_\_\_\_\_

Telephone Number \_\_\_\_\_

Does Ace-High Professional have permission to contact your bank/financial institution in regards to your accounts and the ability for repayment on the credit account which you are applying for with Ace-High Professional? (sign applicable one ~ applications not allowing permission may take longer and may not be approved due to the inability to verify your financial standing)

\_\_\_\_\_ YES \_\_\_\_\_ NO

Amount of Credit Requested \$ \_\_\_\_\_

Are you already a client of Ace-High Professional? NO YES (Since \_\_\_\_\_)

*Monthly accounts are to be paid by cash, money order, or check by the due date in order to receive the cash discount rates stated on your monthly statement. However, regardless of the method of payment, a credit card must be on file in order to have a monthly account with Ace-High Professional. This card will NOT be charged unless you are more than thirty (30) days past due on payment. At that time the cash discount rates are no longer applicable and additional fees may be charged.*

**Credit Card on File Information ~ Debit Cards are NOT accepted:**Type of Credit Card:  VISA  MASTERCARD  AMERICAN EXPRESS

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Number (3 digit number on the back of the card): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

**Credit Card Use Agreement**

Must be filled out for consideration and must be filled out by the person whose name appears on the card.

This is in order to set up a Monthly Account with a Credit Card on File which is not used unless the account is 30 days past due.

I, \_\_\_\_\_, hereby agree to the above card being charged if the monthly  
Printed Name of Cardholderaccount for \_\_\_\_\_ is not paid in full within thirty (30) days of the due date on  
Printed Name of Company Applying for Monthly Account

the monthly statement from Amanda J. Brown dba Ace-High Professional. I understand that I will not receive notification prior to the above stated card being charged for the total amount due for the account in addition to any other fees for processing, non-cash discount rate, late fees, and other related fees. I further understand that I will have a credit card receipt for the charges being placed on the above stated card given to me by email, postal mail, fax, or in person no later than thirty (30) days from the date that the charges were placed on the card. I agree that I have permission to use the above stated card, even if it is not my name printed on the card or if my name is not sole name on the account for the above stated card. I agree that I, nor anyone else, shall not place a chargeback on the card at any time for such charges from Amanda J. Brown dba Ace-High Professional even if the above stated card is processed for Amanda J. Brown dba Ace-High Professional by a third party such as another company (example: Brown's Florist) or PayPal and if the third party's name is the one which is listed on my credit card statement as placing the charge on the card. If a chargeback is placed upon the card, I understand and agree to being charged a minimum inconvenience fee of \$100.00 per incident and further agree that I must pay the total amount due and all additional fees within ten (10) days of notification by any means from Amanda J. Brown dba Ace-High Professional. I further understand that the charges will not be at the cash discount rate and that additional charges for processing fees, late fees, and other related fees may be charged due to lateness of the payment and the use of the above stated credit card for payment. I further understand and agree that if the above stated card is declined for the total amount due with the additional herein described fees that I shall be responsible for payment by cash within ten (10) days of the above stated card being declined. If the monthly account is thirty (30) days past due for two (2) separate incidents, I agree to the above stated card being charged at the time of each billing cycle.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Representative of Amanda J. Brown dba Ace-High Professional\_\_\_\_\_  
Printed Name of Representative of Amanda J. Brown dba Ace-High Professional

Date of Receipt by Ace-High Professional: \_\_\_\_\_

**Monthly Account Agreement with Amanda J. Brown dba Ace-High Professional:**

The account listed herein hereby applies for credit in accordance with the following **TERMS**:

(1) Applicant agrees to pay the total amount due on receipt of statement. A one and a half percent (1.5%) service charge will be added per billing cycle on the unpaid balance to the applicant's account. A rebilling fee of twenty dollars (\$20.00) will be added to any account with any remaining balance at every billing cycle. If the applicant's account becomes thirty (30) days past due the total amount due will be immediately charged to the above stated credit card on file with the cash discount rate removed. Additional costs for late fees, processing fees, and related fees will be added to the total amount due which will be charged to the credit card on file. If the credit card is unable to be charged or is declined for the total amount due at that time, the applicant will be responsible for payment by cash within ten (10) days of the first charge attempt. Any accounts sixty (60) days past due will be turned over for legal action and collection without receiving notice from Amanda J. Brown dba Ace-High Professional.

(2) Any dispute or claim arising from the purchase or use of products and/or the purchase or use of services from Amanda J. Brown dba Ace-High Professional shall be governed by the laws of Sumner County in the State of Tennessee. All claims **MUST** be accompanied by the invoice causing the claim.

(3) If, during the course of business, the applicant's account becomes past due and in the judgment of Amanda J. Brown dba Ace-High Professional the applicant's account comes to represent an unacceptable liability and/or an inability to satisfy the total amount due is shown, Amanda J. Brown dba Ace-High Professional reserves the sole right to place in the hands of an attorney said account for collection. At this point applicant agrees to pay, in addition to the total amounts due,

- (a) All Reasonable Attorneys' Fees including those of Amanda J. Brown dba Ace-High Professional
- (b) All Court Costs and Related Costs of Legal Action including those of Amanda J. Brown dba Ace-High Professional
- (c) Any additional costs related to the collection of account including those of Amanda J. Brown dba Ace-High Professional.

(4) If the applicant's account becomes past due, it is the sole decision of Amanda J. Brown dba Ace-High Professional to suspend services to the applicant's account, including but not limited to halting access to products and/or services which are through Amanda J. Brown dba Ace-High Professional, withholding products and/or services which have not been delivered at the time of the applicant's account becoming past due, and not allowing additional services and/or products to be ordered or supplied. It is further the sole decision of Amanda J. Brown dba Ace-High Professional to return the applicant's account to good standing and reinstate the use of such services and/or products which have been suspended.



I/WE certify that all the information is correct on all pages of this application. I/We fully understand the credit terms of and agree to pay all charges in accordance with the terms set forth above by Amanda J. Brown dba Ace-High Professional on all pages of this agreement. I/We further agree that any dispute or claim arising from the purchase and/or use of products and/or services from Amanda J. Brown dba Ace-High Professional shall be governed by the laws of Sumner County in the State of Tennessee.

THE APPLICANT(S) HEREBY AGREES TO THE AFORESAID TERMS ON ALL PAGES AS EVIDENCED BY THE SIGNATURE(S) BELOW.

\_\_\_\_\_  
Name of First Applicant (Print or Type)

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Signature of First Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Second Applicant (Print or Type)

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Signature of Second Applicant

\_\_\_\_\_  
Date

.....  
  
ACCEPTED AND AGREED TO BY A REPRESENTATIVE OF AMANDA J. BROWN DBA ACE-HIGH PROFESSIONAL:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title