

## Agency Computers Systems, inc. - CC Pay Account Setup Request Form

Customer Name	
Account Number	
Address	
City, State, Zip Code	
Phone Number	
Owner/Principal's Name	
Name on Credit Card	
Credit Card Number	
Expiration Date	
Billing Zip Code	

Fill in the above information. Print and sign this form. Send it via fax to Softech International Inc.  
305.253.1440

### **DISCLAIMER**

I, the undersigned cardholder, give permission to Softech International, Inc. to use the above credit card for payment of search(es). If I choose, I may pay Softech International, Inc. by check or money order. I also understand that if no payment is received by Softech International, Inc. within 20 days of invoice Softech International, Inc. will charge my card for the full amount. All prices are in USA funds. Furthermore, I hereby release Softech International Inc. of any errors, omissions or liabilities that may arise due to the process of a Credit Card transaction.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print above Name

