

109 Washington Street  
Plainville, MA 02762

# AUTO SOUND

## ACCOUNT SETUP FORM

FAX: 508-643-9920  
PHONE: 508-643-9853  
ATTN: BETH

EMAIL: ACCOUNTSRECEIVABLE@AUTOSOUND.COM

### COD CUSTOMERS

#### COMPANY INFORMATION

Company Name: \_\_\_\_\_ FID#: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
City: \_\_\_\_\_ SOLE OWNERSHIP  PARTNERSHIP   
State: \_\_\_\_\_ Zip: \_\_\_\_\_ CORPORATION   
Email: \_\_\_\_\_

#### PRINCIPALS

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
HomeAddress: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel #: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
HomeAddress: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel #: \_\_\_\_\_

#### BANK INFORMATION

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ CHECKING  LOAN

All payments must be made at the time of service via check, credit card, or cash. In order to accept a company check, bank information must be included in this form. You are not applying for an open account with credit terms and we will not run your credit. Returned checks by the bank will be charged a fee of \$35 in addition to the amount owed.

Read and Accepted: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_