

PAYMENT REGISTRATION FORM

Payment Account Type:

Automated Credit Card Billing Account-

Authorizes Commercial Process Serving, Inc. (herein referred to as CPS, Inc.) to charge the below Visa, MasterCard, Discover or American Express credit card account for legal support services rendered. A receipt for each payment will be emailed to you immediately on the date of services rendered, at month-end or on the 15th of the following month for the full account balance. You agree that no prior-notification will be provided.

Firm information:

Firm/Customer Name: [Redacted]

Street Address: [Redacted] Suite #: [Redacted]
(no p.o. boxes)

City: [Redacted] State: [Redacted] Zip: [Redacted]

Phone: [Redacted] * Fax: [Redacted] Email: [Redacted]

Business Type: Sole Proprietorship Corporation Partnership Other

How did you hear about us? [Redacted]

Account Administrator's Contact Information

Contact Name:
Direct Line:
Email Address:

Accounts Payable's Contact Information

Contact Name:
Direct Line:
Email Address:

Payment Guarantee

Credit Card Type: [Redacted] Exp.Month [Redacted] Exp.Year [Redacted] Security Code: [Redacted]

Card #: [Redacted] Name on Card: [Redacted]

Billed to above firm address

CC billing Address: [Redacted] Billing Zip Code: [Redacted]

Acceptance of terms

It is understood and agreed that because business transactions are conducted electronically, that the credit card need not be present with CPS, Inc. in order for charges to be valid and that the validity of such charges will not be challenged for that reason. It is understood that the person, firm or company (herein to referred to as the "customer") is to whom the credit is granted. The customer may have a third party pay an invoice directly to CPS, Inc., however it is understood and agreed that CPS, Inc. has no relationship with such third parties and has no obligation to collect from them. Payment obligation rests solely with the customer to who credit is granted and CPS, Inc. will hold that customer liable for payment of any invoices. CPS, Inc. reserves the right to restrict the credit of any customer for any reason. It is also agreed that this contract is negotiated in Ventura, California. It is understood that by completing this agreement you agree to our terms of use.

It is understood and agreed that a faxed or emailed copy of this agreement will be considered an original document. I hereby certify that I am either the holder of the above referenced credit card or have been authorized by the holder of said card, to use it to pay for services provided by CPS, Inc. I also understand that this card may be charged for any invoices pursuant to my account type selected above.

By typing in your name below (e-signature), you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement and you consent to be legally bound by this Agreement's terms of use.

Name: [Redacted] Title: [Redacted] Date: [Redacted]

Or Email completed form to: admin@comproserve.net or fax to: (805) 658-8170