



## Client Set Up Form

<i>Please Return to:</i> Fax: (803) 802-4572 or E-Mail: Help@rhematelecom.com
---

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Main Phone: (\_\_\_\_) \_\_\_\_\_ Main Fax: (\_\_\_\_) \_\_\_\_\_

URL: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Are you Tax Exempt? YES / NO (if yes, please provide copy of exemption certificate)

Primary Contact Name: \_\_\_\_\_

Primary Contact Phone(s): (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Primary Contact E-Mail: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_

Billing Contact Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Billing Contact E-Mail: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Purchase Order Required?** Yes  No

CREDIT CARD: Note, client accounts will be secured by credit card until a positive credit history is established. All orders will be invoiced, and your credit card will not be charged unless the invoice(s) are in default of terms.

Card Type: (circle) Visa / Master Card / American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

Card Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

*Submitted & Authorized By (print):* \_\_\_\_\_ *Date:* \_\_\_\_\_