



1-844-Lees-Ice

New Jobsite Form

Please complete all the following information, where applicable.

Name of Company: (as shown on federal tax return):

Delivery Information

Project Name: _____

Jobsite Address: _____

City: _____ State: _____ Zip Code: _____

Point of Contact (POC): _____

POC Phone: _____ Email: _____

Billing Information

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Accounts Payable: _____

Phone: _____ Email: _____

PO# Required? YES / NO (Please ensure all PO's are emailed to orders & accounting)

Sales Tax Exempt: YES/ NO (If yes, provide attach a copy of resale tax cert)

How will payments be made?

A. Credit Card – To be charged after each delivery _____

B. Check or ACH to be mailed 30 day terms (**Net 30**): _____

****Any credit cards will be applied with an additional 3% processing fee****

****Please note all invoices are net term of 30 days- late fees and interest charge may be applied if not paid in full by**

31st day**

Signature

Position in Company



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Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

****Any credit cards will be applied with an additional 3% processing fee****