

SKLD Information Services, L.L.C.

NEW CLIENT AGREEMENT

Date: ACCT#: Sales Rep:

Client Name:

Company Name:

Address: City:

State: County: Zip: Phone#:

Billing Address (if different):

Fax #: E-Mail:

Other phone #: Billing Phone# (if different):

Billing Contact Name:

SKLD's policy is to bill your initial order on a COD basis. Thereafter, SKLD will bill your account on a monthly basis, when you order more reports. Please answer the following questions to help us determine who is responsible for payment of invoices.

Are you as an individual, responsible for the payment of all invoices from SKLD Information Services, L.L.C.?

Please check one:

- _____ YES, I _____ (please print name) am responsible for payment of all invoices from SKLD Information Services L.L.C.
- _____ NO, My company is responsible for the payment of invoices.
(see next question, if you checked "NO")

Please sign here if you checked "YES" to the above question

X _____ (signature) Date ____/____/____

Is your company responsible for the payment of all invoices from SKLD Information Services, L.L.C.?

- _____ YES (please have authorized company agent sign below)

X _____ (signature) Date ____/____/____

_____ (print name)

_____ (title)

Thank-You for taking the time to fill out this form. The above information enables SKLD to operate more efficiently & allows for better accuracy in our billing procedures.