

# SKLD Information Services

9540 East Jewell Avenue, Suite A

Denver, Colorado 80247

www.SKLD.com / www.SKLDoc.com / Main Number: 303-695-3850



## New or Update

Date: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

Business Type: \_\_\_\_\_

NEW

UPDATE

Company Name:	
Person Requesting change-update:	
Date Effective:	

Address	
City, State & Zip	
Main Phone Number	
Other Phone Number	
Website	

Contact Name & Title	
Contact E-mail	
Direct Phone Number	

Billing Contact & Title	
Billing Address (if different)	
Direct Phone Number	
E-mail For Billing	

Please send Invoices via:	via email: <input type="checkbox"/>	via US Mail <input type="checkbox"/>
E-Mail Address to send Invoice		

Set up for Auto Payment: Charge Credit Card on file for monthly invoice	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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One-Time Account Setup Fee for a New SKLDoc Account:	Amount to Bill \$ _____
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<b>Please Check One:</b>	<b>Who is Responsible for Payment to SKLD Information Services?</b>
<input type="checkbox"/>	I _____ (print name) am individually responsible for payment of all invoices from SKLD Information Services. <b>Please sign here if you checked the box above:</b> _____ (Signature) _____ (Date)
<b>What State is your company registered to do business in?</b> State of _____	<input type="checkbox"/> My company is responsible for payment of all invoices from SKLD Information Services. <b>Please have authorized company agent sign below:</b> _____ (Signature) _____ (Date) _____ (Print Name) _____ (Title)
<b>Type of Organization? (LLC, Inc,?)</b> _____	

\* SKLD's policy is to invoice the first initial order on a COD basis.

\* Thereafter, SKLD will invoice the account on a monthly basis or when reports are ordered.

\* Thank you for taking the time to complete this form. This information enables SKLD Information Services to operate more efficiently and allows for better accuracy in our invoicing procedures.