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Confidential Account Application

Principal Applicant:

First Name: _____ Last Name: _____
 Street Address: _____ State: _____ Zip: _____
 Telephone: _____ Cellular Phone: _____
 Drivers License ID #: _____ State Issued: _____
 (please circle one) I Own Rent Lease my property to be serviced.
 Years established at current address: _____


Work Reference:

Work Name: _____
 Work Address: _____ State: _____ Zip: _____
 Work Telephone: _____ Years Employed: _____

Bank Reference:

Name: _____ Savings Acc.#: _____
 Address: _____ Telephone: _____
 Name: _____ Checking Acc.#: _____
 Address: _____ Telephone: _____

Owner/Agent hereby authorizes Mazelis Landscape Contracting Corp. to charge Owner/Agent's credit card to pay any amount that is due and unpaid after the 60th calendar day following the invoice date for services / work rendered by Contractor to Owner / Agent. Owner/Agent certifies that Owner/Agent is an authorized user / signatory for such credit card account.

Name as it appears on the credit card	Credit card number	3 or 4 digit code
Date of expiration	Billing address (Street / P.O. Box)	(City, State, Zip code)
Cardholder's signature	Print name of signer	

I have read, understand and accepted the above terms. I have provided true information to the best of my knowledge and have retained a copy of this agreement for my records. I have further authorized the above cited references to supply permanent information as may be required to determine our credit capabilities. The undersigned agrees to abide by Mazelis Landscape Contracting Corp. policies and procedures and personally guarantees the payment of all debts incurred by Mazelis Landscape Contracting Corp.

 Applicant Signature

 Print Name of Applicant

 Date