

CUSTOMER APPLICATION

Thank you for your interest in 3Nines Technologies for your technology investments. To assist us in setting up your account correctly, please thoroughly complete this application and sign. Failure to fill out all line items could result in a delay or denial of credit with your application. Terms may be offered for services, hardware purchases or both. After the due date, invoices are considered past due. Interest charges of 1 1/2 % per month will accrue and be payable for all past due invoices. **3Nines also accepts Visa/MasterCard with a 3% convenience fee.**



3031 NW 149th Street
Oklahoma City, OK 73134
405-488-8000
WWW.3NINESTECH.COM

Legal Business Name: _____ Years in Business: _____

Parent Co. or DBA: _____ Business Phone: (____) _____

Main Address: _____ City _____ State _____ Zip _____

Business Structure: Sole Proprietor: ___ Partnership: ___ LLC: ___ S Corp: ___ C Corp: ___ State of Incorp?: _____

Fed. ID #: _____ Number of Employees: _____ DUNS #: _____

OK TO EMAIL INVOICES? YES OR NO EMAIL ADDRESS: _____ web site: _____

Responsible Party Contact Name: _____ Email: _____ Phone: _____

Main IT Contact Name: _____ Email: _____ Phone: _____

A/R Contact: _____ Email: _____ Phone: _____

REFERENCES: Amount of Business Credit Requested if any: _____

Reference 1:

Name: _____ Contact: _____ Phone: _____ Acct# _____

Reference 2:

Name: _____ Contact: _____ Phone: _____ Acct# _____

Reference 3:

Name _____ Contact: _____ Phone: _____ Acct# _____

AUTHORIZATION

I represent that I am authorized by the company above to bind the company to agreements and that the information is true and correct. I sign below as the responsible party to pay obligations of the company above. The company or undersigned agrees to pay all attorney fees and other costs incurred by 3Nines in the enforcement of this obligation. The obligations herein are independent of the obligations of Purchaser. I/we authorize 3Nines to make credit inquiries to credit references, banks or other credit agencies and for them to disclose any and all information concerning the credit history of the company.

Responsible party signature: _____ Title: _____ Date: _____

Printed Name: _____

Company email: _____ Phone _____ Ext. _____