

Amax Investigations, LLC

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Open Billing Agreement

As a part of our quick approval and payment protection plan, we require your credit card information Instead of completing a lengthy Account Application Form; we have created this quick account approval system.

Please read and initial the following clause.

Please invoice and hold the credit card number as a payment guarantee. I also authorize **Amax Investigations, LLC** to charge my credit card **45 days** * from the invoice date if payment is not satisfied. I understand that the amount listed on the Invoice reflects a **CASH DISCOUNT**, and if the Invoice must be satisfied by charging the credit card on file, a **3.5%** fee will be added to the total of the Invoice to cover the credit card processing fees.

Initial _____

* Amax requires payment in **30** days, however we give an additional **15** days from the Invoice due date, to allow for any mail delays before your card will be charged.

Credit Card Information: (check your choice)

____ **VISA** ____ **MASTERCARD** ____ **DISCOVER** ____ **AMEX**

Credit Card Number: _____ Exp. ____ / ____

On the back of your card, in the signature block, your credit card# is followed by 3 numbers- they are: _____

Name On Card: _____

Card Billing Address: _____

Name of Company (if applicable): _____

Tax ID#(TIN) (if applicable): _____

Authorizing Agent (if company card): _____; Title: _____

I hereby agree to the Service Agreement and Open Billing Agreement, which I have signed and submitted as well as the above terms and conditions. I also authorize Amax Investigations, LLC to charge the payment according to the choice I made from options above.

Cardholder Signature: _____ Date: ____ / ____ / ____

Charge will appear on card as "Amax Investigations, LLC."

A facsimile of the following signature is to be considered an original.

DCJS # 11-5926