

NEW ACCOUNT SETUP



Company Name: _____

Billing Address (Bill To): _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Accounts Payable Phone: _____

Accounts Payable Email: _____

Ship to Address (If Different): _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Footsteps, LLC.
23910 N. 19th Ave. #22
Phoenix, AZ 85085

phone:
800-420-1679

fax:
480-634-8853

email:
sheila@foot-steps.com

Payment Terms and Payment Method:

All orders are pre paid with your credit card up front and will be charged on the day the order is shipped. Please include your credit card information below and the email address to send a receipt to.

Credit Card Information

Type: _____ Number: _____ Expiration Date: _____ CVV: _____

Name: _____ Billing Zip Code: _____

Email address to send receipt: _____

Authorization Signature: _____

We certify that all the information on this form is true and correct. We fully understand and agree to pay in accordance to our selected standard Payment Terms and Payment Method provided under the Payment Terms section. Applicant acknowledges liability for payment of amounts due Footsteps, LLC. If Footsteps, LLC. must take action to collect any balance owed, applicant agrees to pay all reasonable costs and expenses incurred in collection, including but not limited to collection fees, reasonable attorney fees, court costs and interest thereon at the then maximum legal rate. By signing this agreement, applicant further acknowledges that the individual signing on its behalf is authorized to do so and that applicant will be bound by such signature.

Signature Title Dated

Print Name of Signature
