



FOUNDERS PLACE

BILLING INFORMATION

BILLING PREFERENCES*

FREQUENCY

Monthly _____
 Quarterly _____
 Bi-Yearly _____
 Yearly _____

INVOICE INFORMATION

Invoicee _____
 Address _____

 Phone # _____
 Email _____

 Comments _____

* we will be automatically deducting your ACH or Credit Card on the first of the month. Reference our TOU – Master Service Agreement Section 8-f

Please fill out all information below for the account / card information you wish for us to keep on file and bill once PLACEPAY is implemented.

Bank Name _____
 Routing # _____
 Account # _____
OR Also fill out ACH Authorization form
 CC via Square
 (add 2.9%)
 or Debit Card _____ Fill out square CC Authorization form
 Exp. date _____

Signature _____

Date _____

FP Signature _____

Date _____

