ACCT: #_____

New Account Profile

Please print the form, complete it and fax it to 703-518-8869. We will contact you with your new Washington Courier account number.

Company Name: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

A/P Contact: _____ Phone: _____ Fax: _____

Billing Address, if different:
_____ City: _____ St: ___ Zip: _____

Our Invoices will be paid by (circle one): Check Visa MasterCard Amex

I authorize Washington Courier to bill my credit card on the 15th and last day of each month for charges incurred.

Card Number: _____ Expiration Date: ____-_____

Card Holders Name: _____

Signature: _____

Note: If your organization is located in Washington, DC and you are exempt from sales taxes, you must submit a copy of your tax exempt certificate with this signed new account profile.

The client agrees to pay Washington Courier for all rendered services that the parties mutually agree upon. The service fees will be invoiced to the client on the 15th and the last day of each month. Payment is due within 15 days after the client receives an invoice for said services. If account becomes more than 30 days past due, Washington Courier has the right to assess late charges at a rate of One and One-half percent (1.5%) per month of the total invoiced amount. In the event Washington Courier does not receive payment for services rendered, Washington Courier reserves the right to employ outside legal and/or collection services to collect aforementioned payment. The successful party to any dispute over the aforementioned payment shall be entitled to legal fees and/ or collection fees.

All items picked up and delivered by Washington Courier will be insured during transit for loss or damage for the lesser of the item's fair market value or $100.00. Any value declared on this shipment in excess of $100.00 will be the client's own risk unless prior arrangements have been made by the client with our office to purchase additional insurance. Under no circumstances will Washington Courier be held liable for any amounts in excess of $100.00 for any damages related to any lost package or delay.

IN WITNESS HEREOF, the parties have caused this agreement to be executed by their duly authorized representatives as of the date set forth above.

_____ _____ _____
Authorized Signature Title Date

_____
Name (Please Print)

_____
Rock A. Davis, President, Washington Courier

Washington Courier, 5520 Cherokee Ave, Suite # 120, Alexandria, VA 22312
VA: 703-683-3333 DC: 202-775-1500 MD: 301-317-1500 Fax: 703-518-8869