

SHRED SHOP of MEMPHIS, LLC

318 Collins Street
Memphis, TN 38112

Phone: 901.454.6111

Fax: 901.454.7788

New Account Application

Company Name: _____

Billing Address: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Owners/Officers/Partners

Names: _____

Company is... Corporation Partnership Individual

Pickup

Address: _____

Description of Business _____

The undersigned authorized representative states that the above information is correct. Applicant agrees to pay by the 10th of the month following the invoice date. Applicant agrees that it shall be responsible for all costs and fees, including Shred Shop's attorney's fees, and expenses incurred in pursuit and/or collection of any and all amounts due including other charges and/or interest. **The representative signing acknowledges that he/she is duly authorized by the company/individual and will be responsible for paying the invoice.**

Signature _____

Name (Please Print) _____

Title _____ Date _____