

# 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 10<sup>th</sup> 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 \_\_\_\_\_