

PLEASE FILL OUT AND RETURN THE FOLLOWING INFORMATION ALONG WITH YOUR FIRST ORDER REQUEST. PLEASE ALSO DATE AND SIGN STATING YOU AGREE TO TERMS AND PRICES PRESENTED.

*****PUNCTUAL ABSTRACT CO, LLC NEW CLIENT INFORMATION *****

COMPANY NAME: _____

OWNERS NAME: _____

ADDRESS: _____

PHONE NO.: _____ (OR) _____ FAX NO.: _____

EMAIL ADDRESS: _____

ACCOUNTS PAYABLE CONTACT PERSON: _____

PHONE NO.: _____ (OR) _____ FAX NO.: _____

EMAIL ADDRESS: _____

MONTHLY STATEMENT ADDRESS/EMAIL: _____

METHOD OF PAYMENT FOR WORK PROVIDED: CHECK OR DIRECT DEPOSIT

***** PAYMENT DUE (30) DAYS FROM COMPLETION OF WORK *****
IF PAYMENT IS NOT RECEIVED WITHIN (6) MONTHS OF COMPLETION
ATTORNEY FEES ARE THE RESPONSIBILITY OF YOU IN THE EVENT OF
LITIGATION. YOU SHALL REIMBURSE ALL REASONABLE ATTORNEY FEES
AND COSTS RESULTING FROM THE SUBJECT MATTER OF THIS
AGREEMENT.

DATE: _____ SIGNATURE: _____

*** ALL ORDERS & REQUEST EMAIL THE ADDRESS BELOW (ONLY):
PUNCTUALORDERS@PUNCTUALABSTRACT.COM

CONTACTS: MELISSA/OFFICE MANAGER PH 341-7900 X 14
EMAIL: MELISSA@PUNCTUALABSTRACT.COM
VALARIE/CUSTOMER SERVICE REP. PH 341-7900 X 25
EMAIL: VBREAUX@PUNCTUALABSTRACT.COM
MELANIE/ACCOUNTING DEPT. PH 341-7900 X 22
EMAIL: MWISEMAN@PUNCTUALABSTRACT.COM

**CANCELLED ORDERS MUST BE DONE IN WRITING BEFORE WORK IS
RECEIVED IN OUR OFFICE OR YOU WILL BE RESPONSIBLE FOR PAYMENT**