CLOUD TO GROUND

NEW CUSTOMER APPLICATION

COMPANY INFORMATION_____**DATE:**_____

COMPANY NAME:_____

PRIMARY CONTACT:_____**POSITION:**_____

SECONDARY CONTACT:_____

ADDRESS:_____

CITY:_____**STATE:**_____**ZIP:**_____

PH#:_____**FAX #:**_____

ALT PH #:_____**EMAIL:**_____

WEBPAGE:_____**ALT E-MAIL:**_____

INSURANCE (CIRCLE ONE):   YES   NO   *Please provide a copy of your proof of insurance.

SIGNATURE:_____**DATE:**_____

**CREDIT CARD AUTHORIZATION ** Complete the Credit Card Information section below and sign the form. ** Please provide a copy of the cardholders ID. All requested information is required. This credit card will only be charged if payment is not sent within 30 days of invoice return date.

COMPANY NAME:_____

CONTACT:_____

PH#:_____**E-MAIL:**_____

CREDIT CARD TYPE (CIRCLE ONE): VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CREDIT CARD NUMBER:_____

EXPIRES:_____**CVV:**_____

NAME (AS SHOWN ON CREDIT CARD):_____

ADDRESS:_____

CITY:_____**STATE:**_____**ZIP:**_____

CARDHOLDERS PHONE NUMBER:_____

CARDHOLDER'S SIGNATURE:_____