



## account information

The purpose of this document is to extend "Net 30" terms on your account. If the document is not signed and returned to SMBM, the account will be marked as "COD" until we receive a signed copy.

Customer Name \_\_\_\_\_ Phone \_\_\_\_\_  
DBA \_\_\_\_\_ Fax \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_  
Sole Proprietor \_\_\_\_\_ LLC \_\_\_\_\_ Corp \_\_\_\_\_  
Federal ID# \_\_\_\_\_ State Tax ID # \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Please attach a copy of your exemption certificate from the State of Mississippi or a copy of your "Direct Pay Permit" if exempt from sales tax.

Billing Contact I prefer invoices to be sent via email \_\_\_\_\_ fax \_\_\_\_\_ mail \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Fax # \_\_\_\_\_

Meter Reading Contact I prefer meter requests to be sent via email \_\_\_\_\_ fax \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Fax # \_\_\_\_\_

Owner/Guarantor  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ DOB \_\_\_\_\_

I understand that by signing this document that I am personally guaranteeing payment of all charges on this account.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

Please e-mail signed document back to [frontdesk@smbm.net](mailto:frontdesk@smbm.net) or fax to 228-868-9546