

END-USER PROFILE

INSTRUCTIONS: COMPLETE AND RETURN THIS FORM TO:

**ACCESSAMERICA VRI
THE BETTY AND LEONARD PHILLIPS DEAF ACTION CENTER
601 JORDAN STREET
SHREVEPORT, LA 71101
318-226-1299 FAX
DAVID@DEAFACATIONCENTER.ORG**

CONTACT INFORMATION

ORGANIZATION NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
MAIN PHONE:	FAX PHONE:	CELL PHONE:
EIN:	DUNS NUMBER:	
EMAIL ADDRESS:		
CONTACT PERSON:		DIRECT PHONE:
EMAIL ADDRESS:		
BILLING CONTACT PERSON		DIRECT PHONE:
EMAIL ADDRESS:		

BILLING INFORMATION

PURCHASE ORDER NUMBER:		MUST HAVE SIGNED PO OR AUTHORIZATION ON FILE WITH ACCESSAMERICA.
CREDIT CARD:	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	
CREDIT CARD NUMBER:	EXPIRATION DATE:	
SECURITY CODE (CVC):	BILLING ZIP CODE:	CARD HOLDERS PHONE:
ADDITIONAL INFORMATION:		

END-USER AFFIRMS THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORREC TO THE BEST OF HIS/HER KNOWLEDGE AND AGREES TO PAY ALL OBLIGATIONS TO THE BETTY AND LEONARD PHILLIPS DEAF ACTION CENTER OF LOUISIANA (DAC) AS INDICATED ON EACH INVOICE AND IN ACCORDANCE WITH ALL PRICES, POLICIES AND PROCEDURES AS OUTLINED IN THE RATE INFORMATION AND/OR POLICIES AND PROCEDURES.
DAC PAYMENT TERMS: NET 30 DAYS.

NAME:	TITLE:
SIGNATURE:	DATE: