



Traffic Control • Safety Training • Safety Consulting

NEW ACCOUNT SET-UP

Company Name: _____

Billing Address: _____

Contact Name: _____

Billing/Invoice Email: _____

Contact Phone Number: _____

Please choose Credit Card or ACH Information*:

Credit Card

VISA MasterCard American Express

Name on Card: _____

Card Number: _____ - _____ - _____ - _____

Expiration MM/YY: _____ / _____

Billing Zip: _____

CVC: _____

Banking (ACH)

Bank Name: _____

Account Name: _____

Routing Number: _____

Account Number: _____

*Required Information for all Non-Contract Customers

All new accounts are 15-day NET and will automatically be charged or debited from your account on the due date of invoice. If the payment is returned, you will be charged \$35 per return. If you agree, please sign below acknowledging the terms and authorize Warrior Safety Solutions LLC dba Warrior Traffic Control to bill accordingly.

Authorized Signature: _____

Print Name: _____

Title: _____