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OK License # 890

BILLING ACCOUNT SETUP FORM

**** FAX COMPLETED FORM TO 405-605-4363 ****

Date: _____

Dealer ID: _____ Dealer Name: _____

Account Number: _____

Customer Name: _____

Site Address: _____

Billing Address: _____

(if different)

Contract Start Date: _____ Contract End Date: _____ Term: _____

Billing Frequency: Monthly Quarterly Yearly Other: _____

Billing Date (Date Invoices will be sent out): 1st 15th

Billing Amount: _____

First payment already received by dealer: Yes No Amount: _____

Dealer Signature: _____

US Monitoring – Billing entered into account: _____