



P.O. Box 4217
East Hampton, NY 11937
631-329-9590
www.dazelectrical.com

Send back to Attn: Aimee (email: office@dazelectrical.com)

Credit Agreement

Name: _____

Billing Address: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Social Security #: _____ Driver's License #: _____

Employment Information

Employer's Name: _____ Telephone #: _____

Employer's Address: _____

Service Location

Service Address: _____ Telephone: _____

Cross Street or Special Directions: _____

Caretaker/Security Company & Contact Information: _____

Emergency Contact Information: _____

Owner of this Residence (YES) (NO). If no Landlord's Name/Phone _____

PAYMENT TERMS: NET 30 DAYS

FINANCE CHARGES:

A FINANCE CHARGE OF 2% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 24%, WILL BE APPLIED TO AMOUNTS OVER 30 DAYS. WE CALCULATE THE FINANCE CHARGE ON YOUR ACCOUNT BY APPLYING THE PERIODIC RATE TO THE ADJUSTED BALANCE OF YOUR ACCOUNT. WE GET THE ADJUSTED BALANCE BY TAKING THE BALANCE OWED AT THE END OF THE PREVIOUS BILLING CYCLE AND SUBTRACTING ANY PAYMENTS AND CREDITS RECEIVED DURING THE PRESENT BILLING CYCLE.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL:

IF YOU THINK YOUR BILL IS WRONG, OR IF YOU NEED MORE INFORMATION ABOUT A TRANSACTION ON YOUR BILL, PLEASE WRITE US ON A SEPARATE SHEET OF PAPER AT THE ADDRESS SHOWN ON YOUR BILL AS SOON AS POSSIBLE. WE MUST HEAR FROM YOU NO LATER THAN SIXTY DAYS AFTER YOU RECEIVE THE FIRST BILL ON WHICH THE ERROR OR PROBLEM APPEARED. YOU CAN TELEPHONE US, BUT DOING SO WILL NOT PRESERVE YOUR RIGHTS. IN YOUR LETTER GIVE US THE FOLLOWING INFORMATION:

- YOUR NAME AND ACCOUNT NUMBER
- THE DOLLAR AMOUNT OF THE SUSPECTED ERROR
- DESCRIBE THE ERROR AND EXPLAIN WHY YOU BELIEVE THERE IS AN ERROR

YOU DO NOT NEED TO PAY ANY AMOUNT IN QUESTION WHILE WE ARE INVESTIGATING, BUT YOU ARE OBLIGATED TO PAY THE REMAINDER OF YOUR BILL NOT IN QUESTION WHILE WE ARE INVESTIGATING YOUR CLAIM. WE CAN NOT REPORT YOU AS DELINQUENT OR TAKE ANY ACTION TO COLLECT THE AMOUNT YOU ARE QUESTIONING.

YOU ARE ENTITLED TO A COPY OF THIS AGREEMENT AND THE INFORMATION REGARDING YOUR RIGHT TO DISPUTE BILLING ERRORS.

- THE APPLICANTS AUTHORIZE THE INVESTIGATION OF THEIR CREDIT WORTHINESS
- WE RESERVE THE RIGHT TO CANCEL SERVICE WHEN THERE IS A PAST DUE BALANCE. WE WILL NOTIFY YOU OF THIS CANCELLATION.
- ANY AND ALL COSTS INVOLVED IN COLLECTING FROM A DELINQUENT ACCOUNT WILL BE CHARGED TO THAT ACCOUNT.
- **WE RESERVE THE RIGHT TO CHARGE YOUR CREDIT CARD ANY BALANCE THAT IS 30 DAYS OR MORE PAST DUE. WE WILL NOTIFY YOU OF ALL CHARGES MADE TO THE CREDIT CARD ON FILE.**
- YOU AGREE TO PAY A RETURNED CHECK FEE OF **\$35.00**, EXCEPT WHERE PROHIBITED BY LAW FOR EVERY CHECK RETURNED BY THE BANK UPON WHICH IT WAS WRITTEN.
- WE MAY ALSO CHANGE THE TERMS OF THIS AGREEMENT FROM TIME TO TIME IN ACCORDANCE WITH APPLICABLE LAW.

SIGNATURE: _____ PRINT NAME: _____

DATE: _____

ALL ACCOUNTS WILL REQUIRE A VALID CREDIT CARD OR SECURITY DEPOSIT KEPT ON FILE WITH US.

Updated 01-07-13-ALP

CREDIT CARD INFORMATION:

Name on Card: _____

Card No: _____ TYPE: _____

Expiration Date: _____ Security Code _____

Billing Address: _____

Billing Phone: _____

Email Address: (receipts will be emailed unless otherwise specified) _____