



New Look Computer and Data
510 E State. St. Johns, MI 48879
Phone: (989)224-9000
Email: sales@newlookdata.com
Website: www.newlookdata.com

New Look Computer and Data to be Billed Application Form

Business Information

- Legal Business Name: _____
- DBA (if applicable): _____
- Business Type (Corporation, LLC, Non-Profit, etc.): _____
- EIN (Employer Identification Number): _____
- Primary Contact Name: _____
- Primary Contact Email: _____
- Primary Contact Phone Number: _____
- Business Address: _____ City:
_____ State: Michigan Zip: _____

Billing and Credit Information

- Billing Contact Name (if different): _____
- Billing Contact Email: _____
- Billing Contact Phone Number: _____
- Preferred Billing Email Address: _____

Monthly Billing Agreement Terms

1. **Payment Terms:** Payment is due in full within 30 days of invoice date. Late payments will incur a late fee of 2.5% per month on the outstanding balance.
2. **Purchase Authorization:** Only individuals listed below are authorized to make purchases on behalf of the entity. (Attach additional sheet if necessary)

• _____

3. **Liability:** The undersigned agrees to be personally, jointly, and severally liable for any and all charges incurred under this monthly billing agreement.
4. **Dispute Resolution:** Any disputes arising under this agreement will be resolved through arbitration in accordance with the laws of the State of Michigan.
5. **Agreement Modification:** This agreement can only be modified in writing with the consent of both parties.
6. **Termination:** Either party may terminate this agreement with 30 days written notice to the other party.
7. **Governing Law:** This agreement and any dispute arising hereunder shall be governed by the laws of the State of Michigan.

Acknowledgment and Signature

I/We affirm that the information provided in this application is accurate and complete to the best of my/our knowledge. I/We have read and agree to the Monthly Billing Agreement Terms set forth above. I/We understand that approval of this application is at the sole discretion of New Look Computer and Data.

- **Authorized Signature:** _____
- **Print Name:** _____
- **Title:** _____
- **Date:** _____

Please return this completed form to New Look Computer and Data's billing department via email at [sales@newlookdata.com] or mail to: 510 E. State Street. St. Johns, MI 48879