Lien Filers etc.
OF HEATH W. WILLIAMS, LLC.

NEW ACCOUNT INFORMATION SHEET

5655 Lake Acworth Drive, Suite 310
Acworth, GA 30101

770-926-2790
FAX 770-926-2512

Your Exact Business Name _____

Your business name must be shown here as registered with Secretary of State, Business License, Checking Account, etc. This is extremely important that we have the exact and full name of your business. Improperly listing your name can cause your lien to be invalid. Proper examples are shown as follows:

Corporation name	ABC Construction, Inc.
Doing business as	John Q Smith d/b/a Able Plumbing Company
Trade Name	XYZ Company, Inc. d/b/a AAA Landscaping
Partnership	Robert Jones and James Smith d/b/a Able Drywall
Sole Proprietor	Samuel Adams

Check one >>>>>>> ___**Corporation** ___**Doing Business As** ___**Sole Proprietor**

Mailing Address _____ Suite # _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____ Mobile# _____

Primary Contact _____ Title _____

Secondary Contact _____ Title _____

Select Method of Payment

Circle card type
MasterCard
Visa
Amer.Express _____ - _____ - _____ - _____ Exp. Date _____ _____ 3 digit security code on signature panel _____

Name on Credit Card _____

How did you hear about us? _____

Receive Reports by Fax or Email? *Please Fill in Fax Number or Email Address for Reports:* _____

I have read and understand the terms and conditions and authorize the release of the above credit information to Lien Filers, etc. of Heath W. Williams, LLC and authorize payment by the method selected. I understand that payment is due when services are rendered and agree that past due accounts are subject to a service charge of 1 ½ percent per month plus collection costs. Client grants Lien Filers a limited power of attorney to act as its attorney –in-fact or agent–in-fact to sign their name for liens and/or cancellations.

Signature _____ Title _____ Date _____