



New Customer Account Info

Contact Information

Company:	
Email:	
Office Address:	
Office Phone:	
Emergency Contact:	

Client Agreement

- I agree and understand that all invoices are due upon receipt.
- I agree to make claims against invoices within 7 working days.

Your Company Authorization

I certify that the information provided in this form is accurate and fully understand the terms set forth by **SHINELLI**.

Date: _____

Signature: _____

THANK YOU FOR YOUR BUSINESS OPPORTUNITY!