

# NEW ACCOUNT REQUEST FORM

Complete and Fax to: 1-888-875-2145



*Total Courier Solutions  
Tailor-made for Law Firms*

## Company Information

Company Name: \_\_\_\_\_

Street Name & Number: \_\_\_\_\_

Suite Number: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Contact Person for Shipping

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Contact Person for Billing

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Please Provide Three Credit References (Company Name/Contact Person/Phone Number)

_____	_____	_____
_____	_____	_____
_____	_____	_____

## Please indicate your estimated usage per billing (semimonthly)

- Under \$50      Please note there is a minimum \$50 per billing
- Under \$100      Please note that invoices under \$100 must be paid with preauthorized Visa, MasterCard, or AMEX
- Over \$100       Over \$500       Over \$1000

Thank you for opening an account with Lex Courier. Signing this New Account Request Form means you have read and agree to the terms posted at [www.lexcourier.com](http://www.lexcourier.com).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date