



**LingoDocs LLC**  
 P.O. Box 642294 – Omaha, NE 68164  
 Office: 402-504-3363 Fax: 888-810-8502  
 www.LingoDocs.com

**NEW ACCOUNT – PARTNER & CREDIT CARD AUTHORIZATION FORM**

**Complete all information (\* items are required)**

\*Legal Company Name: \_\_\_\_\_

\*Shipping Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

\*Company Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Principal Contact Name: F Name: \_\_\_\_\_ L Name: \_\_\_\_\_

\*Office Location: Office Building \_\_\_ Store \_\_\_ Residence \_\_\_ Loading Dock: \_\_\_ Fork Lift: Y or N

\*State Sales Tax #: \_\_\_\_\_ Federal I.D. #: \_\_\_\_\_

How did you hear about LingoDocs Marketing? \_\_\_\_\_

\*Describe your primary business and markets: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

Please complete the credit card authorization form below and fax it back to 888-810-8502.  
 We require a credit or debit card placed on file to complete any order.

\*Card # \_\_\_\_\_ \*Expiration Date: \_\_\_\_\_ \*CVC# \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC# \_\_\_\_\_

\*Cardholder's Full Name (as shown on card): \_\_\_\_\_

\*Address (associated with your card): \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

By signing below, you agree that LingoDocs Marketing is authorized to use the credit card above as payment on all orders received from (your Co.) \_\_\_\_\_ unless otherwise requested at the time of order.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_