

Certified Images, LTD
Client Agreement

Company Name _____

Name _____

Address _____

City _____ St _____ Zip _____

Phone _____

Email _____

PAYMENT POLICY: Payments are due in full within ten days of the invoice date. All clients must have a valid credit card on file for work to be completed and sent. The credit card on file will be run ten days from the invoice date, unless other arrangements have been made.

Name _____

Number _____ - _____ - _____ - _____

EXP _____

CUV _____

By checking this box I authorize Certified Images, LTD to charge my credit card for the services provided per payment policy detailed above.