

**CONSTRUCTION NOTICE SERVICES, INC.**

2990 E. Northern Ave Bldg E

Phoenix, AZ 85028

Phone (602) 493-2042 Fax (602) 493-2046

Email: [info@cnservicesaz.com](mailto:info@cnservicesaz.com) or [www.cnservicesaz.com](http://www.cnservicesaz.com)

**CLIENT AGREEMENT FORM & CREDIT APPLICATION**

I, \_\_\_\_\_ whose title is: \_\_\_\_\_ of:  
Your name Your Title

\_\_\_\_\_ located at: \_\_\_\_\_  
Your Company Name Company Address

\_\_\_\_\_ do state that:

- I am authorized to contract with Construction Notice Services, Inc. (CNS) for the following services: Preparation of Preliminary Notices, Mechanic's Liens, Bond Claims, Stop Notices, Lien Waivers and Lien Releases and Demand Letters and any other construction documents requested.
- I understand that the validity of the notices, letters, and documents prepared are only as good as the information supplied to us. Documents must be requested timely and with accurate information.
- All services provided by CNS will be billed on a monthly basis and terms are net 25th. Should any sum not be paid and be deemed delinquent, the client will be responsible for all costs incurred in collecting such delinquent sums. Venue for legal action will be in Maricopa County Arizona. Client will be responsible for all actual collection costs, attorneys' fees and costs, along with interest at the rate of 2% per month. Billing disputes must be made in writing within 30 days, or they will be deemed invalid.
- The client agrees to hold CNS, its officers, agents and employees harmless for any and all claims resulting from loss or damage of claims of any nature. Including, but not limited to special or consequential damages such as attorney's fees, by or resulting from the preparation, service, recording or mailing of any requested construction notice document or other service(s) rendered.
- The information provided herein by the undersigned is for the express purpose of requesting the extension of credit from CNS. The undersigned warrants this information to be true and correct, and authorizes CNS to verify the information provided and to conduct credit investigation including but not limited to credit reporting agency business and/or personal credit reports.

Officers or Principals of Business:

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

Home Address: \_\_\_\_\_

SSN: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

SSN: \_\_\_\_\_

Additional Business Information:

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

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

Fed ID# \_\_\_\_\_

ROC # \_\_\_\_\_ License Type \_\_\_\_\_

Corporation    LLC    Partnership    Sole Proprietorship    (circle one)

Or other: \_\_\_\_\_ Yrs in Business \_\_\_\_\_

Acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_