



# PAYMENT PROFILE FORM

Company Name

Company Address / City / State / Zip Code / Country

Billing Name / Attention

Billing Address / City / State / Zip Code / Country [ ] Check if Same As Above

Billing / Accounting Contact

Email Address

Office Phone / Cell

Company Tax ID #

State of Incorporation

Type of Business (Non Profit, LLC, Inc)

PO# (if applicable)

**Payment Method:** \_\_\_ Credit Card | \_\_\_ Check | \_\_\_ ACH | \_\_\_ Bank / Wire Transfer

**Invoice/Receipt Method:** \_\_\_ Email | \_\_\_ Postal Mail

*Customers paying by Check, ACH or Bank / Wire Transfer are invoiced on Net 30 Terms approximately 30 days prior to the service period starting. Customers paying by credit card are charged at the beginning of the service period and paid receipts are sent by either email or postal mail depending on your selection above.*

**If paying by credit card, please fill out the following section:**

Credit Card #

Exp. Date

Security Code

Name on Credit Card

Credit Card Billing Address

Telephone

Signature - Authorizing Credit Card Charges

Date

**If paying by ACH, please fill out the following section:**

Bank Routing #

Account #

Bank Name

**If paying by Bank or Wire Transfer, please use the following information to make your payment:**

Pay to: IP Video Specialists, Inc. 2120 Jimmy Durante Blvd. #124 Del Mar, CA 92014 • 858.481.4096

Bank: US Bank 969 Lomas Santa Fe Dr. Solana Beach, CA 92075 • 858.755.1160

Routing #: 122235821 • Account #: 158204811299

**Notes / Comments:**

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