



110 North Magee Street, Southampton NY 11968

631-204-0001 \* [office@shexcavation.com](mailto:office@shexcavation.com)

**Company Information**

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

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

**Contact Information:**

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

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

Phone Number: \_\_\_\_\_

Email for Invoices: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp Date: \_\_\_/\_\_\_/\_\_\_ CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature Authoring Charge: \_\_\_\_\_

The above information is submitted for sole purposes of opening a charge account and I hereby certify that the above information is correct.

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

Dated: \_\_\_\_\_