

A monthly account agreement to IndyBIZ offers you many benefits...

- Convenient access to City of Indianapolis/Marion County Online Services
- Up to 10 confidential usernames + passwords per account
- Toll-free technical hotline staffed with knowledgeable consultants
- Online account management reports

Monthly Account Agreement

\$50/annual fee

Statutory and enhanced fees apply to each transaction

Upon completion of this form, please sign and send your initial subscription payment to:

IndyBIZ
 10 West Market Street, Suite 600
 Indianapolis, IN 46204
 or
 Fax: 317.233.2011

USERNAME ASSIGNMENTS

Please print the actual name(s) to be assigned a username. Each user must provide an e-mail address.

Which method is preferred to receive username and passwords: phone* fax* mail*

**usernames and passwords may be sent separately*

Account Manager Username	Name	E-mail Address
_____	_____	_____

Billing Manager Username	Name	E-mail Address
_____	_____	_____

Name	E-mail Address
01. _____	_____
02. _____	_____
03. _____	_____
04. _____	_____
05. _____	_____
06. _____	_____
07. _____	_____
08. _____	_____
09. _____	_____
10. _____	_____

MAILING ADDRESS

Organization Name: _____

Contact/Admin Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ ext. _____

Fax: _____

ACCOUNT INFORMATION

E-mail Address: _____

Business Accounts

Name of President/GM/Officer: _____

Tax ID Number: _____

Web Site Address: _____

Personal Accounts

Subscriber's Driver License #: _____

ORGANIZATIONAL INFORMATION *(Required)*

Primary Focus of Your Organization *(Used only for internal classification purposes)*

- | | |
|---|---|
| _____ 1100 Agriculture, Forestry, Hunting, and Fishing | _____ 5413 Architectural and Engineering |
| _____ 2100 Mining | _____ 5416 Human Resources and Executive Search |
| _____ 2210 Utilities | _____ 5419 Professional, Scientific, and Technical Services |
| _____ 2300 Construction | _____ 5610 Admin Support, Waste Management, and Remediation Services |
| _____ 3110 Manufacturing | _____ 5616 Investigative and Security Service |
| _____ 4210 Wholesale Trade | _____ 6110 Educational Services |
| _____ 4410 Motor Vehicle | _____ 6200 Healthcare and Social Assistance |
| _____ 4520 Retail | _____ 7100 Arts, Entertainment, and Recreation |
| _____ 4810 Transportation and Warehouse | _____ 7200 Accommodations, Food, and Beverage Services |
| _____ 5100 Information and Communication | _____ 8110 Other Service Repair/Maintenance or Personal Services |
| _____ 5200 Finance and Insurance | _____ 8130 Religious Grant-making Civic or Professional Services, Charities |
| _____ 5310 Real Estate, Rental, and Leasing | _____ 8129 Bail Bonds |
| _____ 5411 Legal | _____ 8888 Personal or Individual Account |
| _____ 5412 Accounting, Tax Preparation, Bookkeeping, and Payroll Services | |

How did you hear about us? _____

AUTHORIZED SIGNATURE

I have read and agree to the terms and conditions of this Monthly Account Agreement for myself and any entity or organization for which I sign. I represent and warrant that I have the authority to sign this Monthly Account Agreement on behalf of and bind any entity or organization for which I sign. I further acknowledge that by signing and sending this Monthly Account Agreement by facsimile, I, and any entity or organization for which I sign, waive the right to contest the authenticity of my signature and the right to contest the enforceability or admissibility of this Monthly Account Agreement on the grounds that it is not an original document.

Signature _____ **Date** _____
Printed Name _____ **Title** _____

Account Number (for office use only) _____

BILLING INFORMATION (Please select only one option. For more information, please refer to the Terms and Conditions)

<input type="checkbox"/> Monthly Invoice/Statement	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Direct Debit (ACH)
<p>Note: \$15 minimum monthly fee</p> <p>If there is no use during the month, then there is NO monthly fee.</p> <p>If there is any use during the month, then the mailed invoice will be \$15 minimum.</p> <p>\$25 fee for returned checks</p> <p>Invoice Billing Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>No minimum fee</p> <p><input type="checkbox"/> Visa</p> <p><input type="checkbox"/> MasterCard</p> <p><input type="checkbox"/> American Express</p> <p>Card Number: _____</p> <p>Cardholder: _____</p> <p>Exp. Date _____ / _____</p> <p>Credit Card Billing Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>No minimum fee</p> <p>Bank Name: _____</p> <p>Routing Number: _____</p> <p>Account Number: _____</p> <p>_____</p> <p>Direct Debit Billing Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>