

Credit Card Payment and Credit Agreement
Terms and Conditions

Our charges for services are premised on prompt payment for services rendered. In consideration of Data Management, Inc., also trading as Best Resident Lists, accepting credit card payments, the applicant certifies the truthfulness and accuracy of the information given and guarantees and binds himself/themselves to the faithful payment of their obligations incurred or now owed to Data Management, Inc.

Data Management, Inc. reserves the right to terminate any further use of credit by the applicant under this agreement if the applicant is in default of these terms, or if future compliance to the terms of this agreement by the applicant is judged by Data Management, Inc. to be in jeopardy.

Due to the customized nature of the services provided by Best Resident Lists, we are unable to issue refunds once an order has been processed.

The applicant recognizes that this credit agreement is a separate agreement from all other contracts between the applicant and Data Management, Inc. In the event this account is placed for collection, or a suit is instituted to collect some or any portion thereof, the applicant agrees and promises to pay all collection costs, including attorney's fees of 25% (twenty-five per cent) of unpaid indebtedness.

The applicant expressly submits to the jurisdiction of the Commonwealth of Virginia, and or the State and locality where Data Management, Inc. resides in the event that any legal action is initiated as a result of any actions arising from this agreement. Authorized officer hereby agrees to personally make sure that the applicant submits all monies due and payable in the case of default; within thirty (30) days from the date monies are due.

Applicant / Company Name

By: _____ Date: _____
Signature of Authorized Officer and Title

Data Management, Inc. / Best Resident Lists
VISA / MASTERCARD / AMERICAN EXPRESS

Authorization Form

The following information is necessary to permit us to accept credit card payments. Please complete, sign and return this form to us.

Business Name _____

Other Trade Names _____

Owner/Officer _____

Business Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax _____

Please check the card type: Visa MasterCard American Express

Card Number _____

Expiration Date _____

Name on Card _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

This information will be strictly kept confidential. I hereby authorize Data Management, Inc. to charge my credit card for or on behalf of the above customer until further notification.

Authorized
Signature _____ Date _____

DMI use: Customer # _____ Date Recd. _____ By _____

Mail to: Best Resident Lists
P. O. Box 2
Stoneville, NC 27048

Or fax to : 1-336-573-5045