2917 W. SR 434 • Suite 101

APPLICATION FOR OPEN ACCOUNT

Customer: Customer #:

Longwood, Florida 32779

Phone: 407-834-9288

FAX:407-834-1473

[www.ntoflorida.com](http://www.ntoflorida.com)

**Email to: ntorequests@ntoflorida.com**

New customer  Existing Customer Date:    /    /

Corporation  Existing Customer  Sole Proprietorship

If Corporation, incorporated under the laws of the state of

Corporate Name:

Business Name:

Phone:       Fax:

Business Physical Address (No P.O. Boxes):

Billing Address:

City:       State:      Zip:

Date Established:    /    /      Federal I.D. #

Is this a subsidiary of another corporation?  Yes  No

If yes, name of parent company:

Does the parent company guarantee the debts of this company?  Yes  No

Occupational or Contractors License #:

COMPANY OFFICERS OR PARTNERS

Name Title Social Security # Drivers License #

1.            

2.

3.

We understand that every effort will be made to ensure the accuracy of our notice to owner. In the unlikely event that a mishap occurs, we agree to waive all claims against Notice to Owner of Florida, Inc. for damages and/or loss which may be caused by an act of negligence, mistakes and/or inadvertence committed by Notice to Owner of Florida, Inc., it’s officers, or employees for damages and/or loss in connection with the preparing and forwarding of Notice to Owner(s) on our behalf. We further assume the risk of all acts enumerated above and waive any and all rights and remedies at law or in equity it may have for breach of this agreement with Notice to Owner of Florida, Inc. Any liability, which might arise from this request, will be limited to the cost of the notice to owner, not to exceed $100.00. I acknowledge that I am responsible for the payment of all services provided by Notice to Owner of Florida and any costs of collection that may be incurred, if the collection action is necessary.

PRINT OR TYPE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT OR TYPE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZED SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AUTHORIZED SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_