



New Client Setup Form

 Individual

 Corporation

Client/Company Name

Address

City

State

Zip Code

Phone Number

Fax Number

Billing Address (If Different from Above)

City

State

Zip Code

Authorized Purchaser 1

Phone Number

Alternate Phone Number

Authorized Purchaser 2

Phone Number

Alternate Phone Number

You the client understand that you are not an agent or employee of *The Dot Generator* (here forth known as "Company"), you are an independent contractor/agent. Except as the Company may specifically authorize in writing, you shall have no right to enter into any contracts or commitments in the name of or on behalf of the Company, or to pledge the Company's Credit, or to extend credit in the Company's name, or bind it in any respect whatsoever. You are not authorized to incur obligations on behalf of or in the name of the Company, or to accept payment from any party of any obligations, which may be due to the Company; nor are you authorized to make any representations, guarantees or warranties with respect to any product or service of the Company.

By signing below, I certify that the above information is correct and that I accept full responsibility for all authorized users listed here in.

Client Signature

Date