



CORPORATE OFFICE
708 S. Andrews Ave, P. O. Box 457, Ft. Lauderdale, FL 33302-0457
Broward: (305)764-1322 Toll Free:800-432-1959
Toll Free Fax (800) 226-1631
Regina Durand Sales Rep. Ext 134

Please provide the following information (type or print carefully)

CIS# _____

APPLICATION FOR SERVICES

Acct: _____

Name of firm: _____

Street Address: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____
Fax: _____

I understand that BUILDERS NOTICE CORP. may not be able to ascertain to whom the Notice to Owner should be sent. Further, it is expressly understood that I hereby waive any claim against Builders Notice Corp. that I or my firm have or may have in the future due to the inability of Builders Notice Corp. to ascertain who should receive NOTICE TO OWNER copies. I hereby agree on behalf of myself and my firm to pay for any research, preparation and serving expenses generated by my request or my representatives upon receipt of the invoice. In the event that payment is not made within 30 days of the date of the invoice I agree to pay interest of 18% per cent per year as well as all costs of collection including reasonable attorneys fees. I also understand that should I or my firm suffer any damages as a result of the utilization of Builders Notice Corp. for services in connection with NOTICES TO OWNER, preliminary notices or any other services that Builders Notice Corp. provides or agrees to provide, it is agreed that the limit of liability of Builders Notice Corp., and/or its affiliates, officers, employees and assigns inclusive of any interest, costs, and attorney fees shall not exceed One Thousand Dollars (\$1,000). In the event that additional protection is desired which would require more than our standard service, specific arrangements can be made for increased liability at increased cost. I authorize Builders Notice Corp. personnel to sign on behalf of myself and /or my firm any notices that we request you to prepare. The undersigned further authorizes BUILDERS NOTICE CORP. to distribute to other subscribers the jobs upon which we are working in connection with the Network Credit Service.

Name of Firm: _____

Signature of Authorized Agent: _____

Date: _____

Regina Durand
Sales Rep.