

## **Natura**

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## Client Account & Paperless Billing Form

Bill To: (correct as necessary)			Ship To:		
PO Required:	No  Yes		PO Number:		
Accounting Contact:			_ Phone #:		
Go Green! To reduce environmenta	I waste and receive in	voices electroni	cally, please provi	de a delivery e	email address:
Name:(Please Print)		Email:			
Go Paperless!					
	capes, Inc. to initiate es to the following cr	edit card. This	**		or withdrawals), and if until Plant Interscapes,
Credit Card Type	Mastercard	☐ Visa	American Express Discover Card		
Credit Card No.	edit Card No.		Expiration Sec. Code		_ Sec. Code
☐ Electronic Funds Ti	ransfer (EFT) Author	rization			
l authorize Plant Inters necessary, credit entrie Interscapes, Inc. has re	es to the following ba	ank account. T	his authörity will		or withdrawals), and if ect until Plant
Bank Name					
City		State		Zip Code	
Transit Routing No.		_	Account No.		
Go Quarterly!  To provide added efficier your part. Others may op		acts less than \$2	200 monthly will be	e billed quartei	rly, no action is required or
Opt-out of Quarterly	•				
Opt-in to Quarterly	/ Billing (Contracts ove	er \$200 monthly)			
Customer Acknowledg	ement				
Name (Please Print)		Signed _			Date: