

Please complete the following information and return it as soon as possible, so we can update our database. Contact us at 440-237-6653 or email <u>support@beaconsoftco.com</u> if you have any questions.

COMPANY NAME\_\_\_\_\_

PHYSICAL ADDRESS\_\_\_\_\_\_

6785 Wallings Rd, Ste 1G North Royalton, OH 44133

PHONE/FAX\_\_\_\_\_

ALL MOTOR CLUB CONTRACTOR IDs (if using TowMagic):

Please fill out information for desired payment method:
ACH TRANSFER (Direct Debit)
BANK NAME
BANK PHONE ()
BANK ADDRESS
ROUTING/TRANSIT NUMBER: (9 Digit Number):
ACCOUNT NUMBER:
A voided check from this account must be attached.
<u>CREDIT CARD</u>
ACCOUNT NUMBEREXP. DATE
SECURITY CODE ON BACK OF CARD
NAME ON CARD
CARD BILLING ADDRESS
Monthly statements will be sent via email. You must provide a billing contact email address.
EMAIL ADDRESS
BILLING CONTACT
CUSTOMER SIGNATUREDATEDATE
Note: There will be a \$15 fee for any payment (e-check) returned for insufficient funds.
Fax completed form to: 440-435-2802 Or mail to: Beacon Software, LLC