



1721 SE 47th Terrace
Cape Coral, Florida 33904
(855) 348-2736/Fax: (239) 549-5675
Sales@eGuarded.com/www.eGuarded.com

Company Information Sign-Up
(Please print clearly and return via fax.)

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ ext. _____ Fax: _____

Create a Username and Password to access your account:

First name: _____ Last Name: _____

User Name: _____ Password: _____ E-Mail: _____

*(The username and/or password may be changed once you log into your account.)

An account will be created and you will be billed weekly. **(Check One)**

1. Credit Card #: _____

CVV Code: _____ Expiration: _____ Name on Card: _____

Billing Address (state & zip): _____

2. An authorized ACH (Automatic Clearing House) debit from your company checking account.

AUTHORIZATION AGREEMENT FOR DIRECT BILLING (ACH)

I (we) do hereby authorize eGuarded, LLC, to initiate debit entries to my (our) checking account or credit card indicated and named above. I (we) acknowledge that the origination of ACH/Credit Card transactions to my (our) account must comply with the provisions of U.S. Law. This authorization is to remain in full force and effect until eGuarded has received written notification of its termination in such time and in such manner as to afford eGuarded a reasonable opportunity to act on it.

Please attach a voided check.

Authorized Signature: _____ Date: _____