

Pay by Check Agreement

COMPANY INFORMATION	
Company Name:	
Contact:	
Phone:	
<input type="checkbox"/> By checking this box I acknowledge that there is a \$100 security deposit required to pay invoices by check.	

I hereby certify that I am the authorized user of the above account and that I authorize Strategy Systems, Inc/ to send me an invoice each month to be paid via check.

Signed _____ Date _____

Mail this form and a check in the amount of \$100 to the following address:

**Strategy Systems, Inc.
Attn: Accounts Receivable
PO Box 2136
Rogers, AR 72757**