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15720 Brixham Hill Ave. #575  
Charlotte, NC 28277  
888-995-7856 www.knowdebt.org

### **Attorney / Firm Information**

The following information is needed in order to setup your firm's Clientele Registration and Billing Account. Please complete and return this form with the Draft Authorization.

Full name of contact at your firm: (please print clearly)

\_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Billing Frequency: Monthly\_\_\_ Semi-Monthly (1<sup>st</sup> & 15th)\_\_\_ Real-time\_\_\_  
(Note: Real-time bills daily charges as they occur).

Preferred Username and Password for your firms account (if any):

Username \_\_\_\_\_ Password \_\_\_\_\_