



EMPLOYER-PAID MOVING SUPPORT
 akaur@packandgollc.net | (559) 860-8267

EMPLOYER, AGENCY, RELOCATION MANAGER OR APPROVED PAYER

Corporate Account Application

Complete this form to request direct billing and Net-30 terms. Approval is required before services are scheduled on credit.

A. COMPANY INFORMATION

Legal company name _____	Doing business as (if applicable) _____
Billing address _____	City, state and ZIP _____
Website _____	Industry / business type _____

B. PRIMARY CONTACTS

Relocation / account contact name _____	Title _____
Email _____	Telephone _____
Accounts payable contact name _____	Accounts payable email _____
Accounts payable telephone _____	Procurement / vendor contact (optional) _____

C. BILLING PREFERENCES

Purchase order required? ☐ Yes ☐ No	
Billing email or portal instructions _____	Requested credit limit _____
Estimated moves per year _____	Typical origin location(s) _____
Preferred invoice delivery ☐ Email ☐ Vendor portal ☐ Other	

Standard requested term: Net 30 from invoice date. Final approval may include a credit limit, deposit requirement or different terms.



EMPLOYER-PAID MOVING SUPPORT
 akaur@packandgollc.net | (559) 860-8267

D. MOVE AUTHORIZATION

Authorized approver name and title _____	Authorized approver email / telephone _____
Additional authorized approver (optional) _____	Department / cost center format _____
Accepted authorization method(s) ☐ Purchase order ☐ Email approval ☐ Signed estimate	
Employee-requested extras ☐ Employer approval required ☐ Employee pays directly ☐ Not permitted	

E. REQUESTED SERVICES

Select all that may apply
☐ Local household moves ☐ Interstate coordination ☐ Packing / unpacking ☐ Loading / unloading ☐ Office moves ☐ Temporary storage ☐ Large-shipment coordination

F. TRADE REFERENCES

Reference 1 - company and contact _____	Email / telephone _____
Reference 2 - company and contact _____	Email / telephone _____

G. APPLICANT AGREEMENT

The applicant certifies that the information provided is accurate and authorizes Pack and Go LLC to contact the references listed above. If credit is approved, invoices are due Net 30 from the invoice date. Only services authorized in writing will be billed to the employer; employee-requested additions require separate approval or direct employee payment. Pricing and scope are governed by each accepted estimate, work order or service agreement. Billing questions should be reported within 10 business days of receipt. This application does not guarantee credit, pricing, capacity or service availability. Pack and Go LLC may require a deposit or prepayment until credit is approved and may revise terms based on account history. Any late charge must be stated in an executed agreement and permitted by law.

Authorized signer name _____	Title _____
Signature _____	Date _____

Submit completed application to akaur@packandgollc.net. Do not email bank account numbers, passwords or payment-card information with this form.