VISUAL STATEMENT
A TRIMBLE COMPANY

ReportBeam Pre-Purchase E-Commerce Account

☐ New Account ☐ Existing Account _____
Account Number

Contact Information

Agency:	
Telephone:	
Address:	
City:	**ST:** **Zip:**
Contact Name:	
Contact Telephone:	
Contact Email:	

Account Administration

Please select a password that you will not forget to access the system. Please Print Clearly.

Email Address (This is your user name)	**Password:**

Payment Information – Credit Cards, Checks

Payment Type: **Credit Card** ☐ **Check** ☐	**Check Number:**
Payment Amount: **$** Indicate the amount of prepayment	
Card Type:	
Card Number:	**Expiry Date:**
Name on Card:	
Signature:	

By signing this agreement you authorize VS Visual Statement Inc. to debit your credit card for the amount as stated above.
The purpose of the debit is for prepayment of incident reports from the ReportBeam Collision Reporting System.

Note: If prepaying account with check, include completely filled out form and check and mail to address below.

Checks should be made payable to VS Visual Statement Inc.

Return Form To

VS Visual Statement Inc. Suite 900 - 175 - 2nd Avenue, Kamloops, BC, Canada, V2C 5W1	Phone: 888-828-0383 Fax: 250-984-7454