

## Company Information

Company Name: \_\_\_\_\_ DNB # : \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_ Web: \_\_\_\_\_

Parent Company (if applicable): \_\_\_\_\_ Parent Co. Address: \_\_\_\_\_

Resale Certificate Number (Please attach copy): \_\_\_\_\_ Federal ID # : \_\_\_\_\_

## Contacts

Primary Sales Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Order Confirmation Email: \_\_\_\_\_ Order Tracking Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Invoicing Email (if different): \_\_\_\_\_

## Details

Total # of Employees: \_\_\_\_\_ Technicians: \_\_\_\_\_

Sales Radius: \_\_\_\_\_ Miles or specific area: \_\_\_\_\_

Does your company provide ☐ installation ☐ on-site service/repair?

What other products/services do you sell and support? \_\_\_\_\_

## Payment Terms (please choose one)

☐ Net 30 via ACH (preferred)

☐ Credit Card (processed at time of order)

☐ Net 30 Days via Check

Commerzbank AG

Routing #: 026008044

Account #: 150113283600

## Authorization

The information stated above is correct and up-to-date. I hereby agree to Dahle North America's Minimum Advertised Price (MAP) policy and to pay all invoices within the terms selected. I acknowledge that I will be responsible for all cost incurred if my account should require collection procedures.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_