

# Customer Application

## Bill To

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Country: \_\_\_\_\_ County: \_\_\_\_\_

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

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

Billing Contact: \_\_\_\_\_

Billing Contact Email: \_\_\_\_\_

D&B Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Years in Business: \_\_\_\_\_

## Ship To

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Country: \_\_\_\_\_ County: \_\_\_\_\_

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

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

Shipping Contact: \_\_\_\_\_

Shipping Contact Email: \_\_\_\_\_

Tax Exempt: Yes ☐ No ☐

The sales/use tax obligation is the customer's. Please provide applicable Tax Exempt Certificate. If no certificate is provided, sales tax might be collected and will not be refunded.

Please indicate if your company requires purchase order numbers: Yes ☐ No ☐

Field 1:

Field 2:

Field 3:

Effective November 1, 2023, a 3% credit card processing fee will be charged for credit card payments. TERMS NET 30 DAYS PENDING REVIEW OF D&B. All invoices will be sent via email.