



New Customer Setup Form

7.2.3 Customer Communication

All Fields Are Required

Company Name

Contact Person (Payable)

Phone

Email

Bill to Street Address

City

State

County

Zip Code

Ship to Street Address

City

State

County

Zip Code

Tax Exempt: Y N

Is your company's purchases from DropsA USA exempt from sales tax?

If so, make sure the following is filled on the tax exemption forms at bottom of document:
1. Identify the vendor, 2. Identify statutory exception, 3. Sign and dated by the purchaser**

Credit Limit Request (USD)

Company Information

Email

Phone

Fax

NAICS Code

SIC Code

Please Check Business Type:

End User

Reseller

OEM



All Fields Are Required Application For Credit

Name of Firm or Individual (Legal Name/No Initials) _____ Date _____

Address and Post Office Box Number _____ Years At This Address _____

City/State/Zip Code _____ Number of Employees _____

Name and Address of Affiliated Companies or Subsidiaries _____

Type of Business: Sole Owner Partnership Corporation _____
Date Started _____ Phone Number _____

Name/Title/Home Address/Phone (If Not Incorporated) _____

Dun & Bradstreet Number _____ Rating _____

Federal ID# _____ Sale Tax # (Attach Exemption) _____

Bank Name - Complete Address, Phone Number and Account Number _____

Trade References: Complete Address, Email Address, and Fax #

1) _____
Fax _____

2) _____
Fax _____

3) _____
Fax _____

Application's Signature Hereunder expresses responsibility, ability, and willingness to pay all invoices in accordance with the following terms. If any account should become delinquent, it is understood that a finance agent charge of 1.5 % annual rate of 18% will be added monthly to each purchase not paid over 30 days old. Subject to C.O.D. thereafter if not paid. We further agree to pay any collections cost incurred to collect the account balance, including attorney's fees. If you are tax exempt, please include a signed tax-exempt form.

Principal/Office Signature _____ Title _____

Name (Printed) _____

