NEW CUSTOMER APPLICATION/INFORMATION FORM

Company name:				
Billing Address:				
City:	State:		Zip Code:	
Email Address for invoice	e submittal:			
A/P Contact:	Phone:	Email:		
A/P Supervisor:	Phone:	Email: _		
Shipping/Street Address: _				
City:	State:		Zip Code:	
Phone:	Fax:	Email:		
Type of Business:		Business Start Date:		
DUN & Bradstreet #	Federal Ta	ax I.D. #	SIC Code #	
Type of Ownership (If so	le proprietorship or partr	nership, provide i	nformation on the Princi	pal below)
Sole Proprietorship	Corporation _		Partnership	
Name(s) of Principal(s)				
Name:		Title:		
Name:	Title:			
Bank Reference				
Bank Name:	Contact: _		Phone:	
Location:	Checking Acc	ct#	Fax:	
Is your business exempt fr	om sales tax? If ta :	x exempt, please	attach copy of your ex	empt certificate. What
is the credit line you are re				•
Would you like your pack	ages to be insured?		_	
Marine Air Supply payme Invoice date. Marine Air s payment history, a change will be the customers resp guarantee payment and ag late payment, Marine Air s expenses incurred, and all	nt terms are Net 30. Cus Supply reserves the right may be made to these te onsibility to pay on all paree to these written terms Supply shall be entitled to	stomer agrees to p to review credit erms without notice ast due invoices. s and conditions. to the amount rem	eay Marine Air Supply we terms routinely, if a slow te. A finance charge of By signing below, you a In the event of litigation	w pattern develops in 1 ½ percent per month and your company a arising due to non or
_		Date:		
Print Name:		Title:		