

CUSTOMER / CREDIT INFORMATION

New Customer Change of Address Add/Change Personnel Exempt from Sales Tax
Please attach form

Company Name _____ Phone _____
Street Address _____ Fax _____
City _____ State _____ Zip _____
Billing Address (if different from above) _____
City _____ State _____ Zip _____
Email _____ Year established _____
Line of Business _____ JIT Requirements _____
Company is a: Corporation Partnership Limited Partnership L.L.C. _____
Federal ID _____ Dun & Bradstreet # _____
Accounts Payable Contact _____ Email _____
Phone _____ Fax _____
Purchasing Contact _____ Email _____
Phone _____ Fax _____
Small Carrier _____ Account # _____
LTL _____ 3rd Party Bill To _____

COMPANY DIRECTORS/OFFICERS/PRINCIPALS

Name 1 _____ Title _____
Email _____ Phone _____ Fax _____
Name 2 _____ Title _____
Email _____ Phone _____ Fax _____
Name 3 _____ Title _____
Email _____ Phone _____ Fax _____

BANKING DETAILS

Bank Name _____
Contact _____ Email _____
Phone _____ Fax _____

BUSINESS REFERENCES

Please send credit references as a separate attachment

Acceptance of merchandise constitutes agreement that all sums due hereon shall be payable to Rochester Sensors, LLC at Coppell, Texas, in NET 30 days.

_____ Date _____

Return completed and signed form by email to ar@rochestersensors.com

Office Use Only

Territory _____ Salesperson _____ Type _____ Credit Limit _____ Submitted by _____