

Customer Information Sheet



P.O. Box 405 · Bremen, IN 46506
PH: 888-457-4342 · FAX: 574-546-6388

Customer Information

Company Name: _____

Billing Address: _____
Street Address _____ P.O. Box _____
City _____ State _____ ZIP Code _____

Office Phone: _____ Fax Number: _____

Shipping Address

Address: _____ YES NO
Loading Dock Available _____

City _____ State _____ ZIP Code _____

Receiving Hours: _____ Phone Number: _____

Key Contacts

Primary Officer(s): _____
Title _____ Phone _____ Email _____

_____ Title _____ Phone _____ Email _____

Purchasing Contact: _____
Title _____ Phone _____ Email _____

Accounting Contact: _____
Title _____ Phone _____ Email _____

General Information

Years in Business: _____ Credit Amt Requested: \$ _____

Are you subject to Indiana Sales Tax? Yes___ No___ Indiana Tax Exempt #: _____

Financial Information

Financial Institution: _____
Contact Person _____

Address: _____
Street Address _____ P.O. Box _____
City _____ State _____ ZIP Code _____

Contact Phone: _____ Email: _____

Trade References

Reference 1:

Name Phone

City, State, Zip Email

Reference 2:

Name Phone

City, State, Zip Email

Reference 3:

Name Phone

City, State, Zip Email

Statement

STATEMENT: In consideration of credit being extended by Permalatt Products, Inc. of Bremen, IN to me/us/it, I and/or we certify the truthfulness and veracity of the statement appearing above, and I and/or we guarantee and bind ourselves to the faithful payment of all amounts purchased or now owing, by us or either of us, or any other person, firm or corporation for our benefit. If credit is extended to a corporation in which we, or either of us, or I am an officer, or in which an interest exists I and/or we will personally faithfully guarantee the payment of all credit extended to corporation.

STATEMENT: Purchased and /or deliveries are herewith authorized to be made without signature.

NOTICE TO THE BUYER: DO NOT SIGN THE AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS BLANK SPACES. YOU ARE ENTITLED TO A COPY OF THE AGREEMENT YOU SIGN. THE SELLER RETAINS A SECURITY INTEREST IN THE SUBJECT MATTERS OF THIS AGREEMENT. YOU MAY AT ANY TIME PAY THE FULL AMOUNT DUE.

AUTHORIZED SIGNATURE ATTEST TO APPLICANT'S FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES ACCORDING TO OUR TERMS. Upon Credit Approval, I understand that all invoices are due and payable in full within 30 days from invoice date. Any unpaid amount that becomes 30 days past due shall be subject to 1½ % service charge per month. In the event it becomes necessary to incur collection costs or institute a suit to collect the unpaid amounts due under this agreement or any portion thereof, the undersigned promises to pay such additional cost, charges, accrued service charges and reasonable attorney fees incurred in the collection of such amounts. This agreement shall be governed and construed under the laws of Indiana and shall be binding upon applicant/buyer and its/their successors and assigns.

I (we) certify that the information on the previous page is true and correct and that I (we) are authorized to act on behalf of the company.

Signature: _____ Title: _____

Printed: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Customer Number: _____

Approved: __YES __ NO

AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

To whom it may concern:

In connection with our application for credit with **Permalatt Products, Inc.**, we hereby authorize the release of such information as **Permalatt Products, Inc.** may require to facilitate their credit review.

Company: _____

Authorized Individual: _____

Title: _____

Signature: _____

Date: _____