

Customer Application Form

Complete and email to: CreditDepartment@acmtech.com

The following information must be completed in full, and will be kept in the strictest confidence.

COMPANY NAME:							
PHONE:		FAX:		WEBSITE:			
BUSINESS/BILL TO ADDRESS:							
CITY:		STATE:		ZIP CODE:	COUNTRY:		
Check this box if yo	our shipping a	ddress is the same as your b	oilling addre	ess.			
SHIP TO ADDRESS:							
CITY:		STATE:		ZIP CODE:	COUNTRY:		
RESALE #:			FEDERAL TAX ID #:				
	ation 🗌 Pa	rtnership 🗌 Proprietors	hip	HOW MANY YEA	RS IN BUSINESS?:		
TITLE OFFICE		S IN RESPONSIBLE PARTIES	TAX ID # (EIN or SSN)		EMAIL ADDRESS	EMAIL ADDRESS	
PAYMENT TERMS: COD COD Company Credit Card (Please fill out the Credit Card Authorization form)				 TT-Wire Transfers/ ACH Net Terms (Please fill out the Credit Application and Credit Card Authorization form for first order) 			
ELECTRONIC INVOICING:							
RECIPIENT NAME:							
E-MAIL ADDRESS:				PHONE:			

ELECTRONIC INVOICING AUTHORIZATION FOR INTERNAL USE ONLY

Hard copy customer invoices will no longer be mailed. Invoices will be sent the following business day to the email address specified below. Invoices are notated as received unless a delivery failure notification is received. The customer is responsible for retaining a copy of their invoices. Email CreditDepartment@acmtech.com to update contact information. All ACM Technologies, Inc. terms and conditions apply with electronic invoicing.

MARKETING COMMUNICATIONS (OPTIONAL)

Complete to receive communications on company and product updates and announcements.

MARKETING CONTACT:

TITLE:

EMAIL ADDRESS:

PLEASE ATTACH A COPY OF THE SELLERS PERMIT WITH THIS APPLICATION

Date:

I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature:

Signature of Owner/Partner/Corporate Officer

Printed Name & Title: