



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:
<input type="checkbox"/> Check this box if your shipping address is the same as your billing address.			
SHIP TO ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
RESALE #:		FEDERAL TAX ID #:	
TYPE OF BUSINESS: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship			HOW MANY YEARS IN BUSINESS?:
TITLE	OFFICERS IN RESPONSIBLE PARTIES	TAX ID # (EIN or SSN)	EMAIL ADDRESS
PAYMENT TERMS:			
<input type="checkbox"/> COD		<input type="checkbox"/> TT-Wire Transfers/ACH	
<input type="checkbox"/> COD Company		<input type="checkbox"/> Net Terms (Please fill out the Credit Application and Credit Card Authorization form for first order)	
<input type="checkbox"/> Credit Card (Please fill out the Credit Card Authorization form)			
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

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

Authorized Signature:

X _____
Signature of Owner / Partner / Corporate Officer

Date: _____

Printed Name & Title: _____