***Application must be completed in its entirety.***



**CONFIDENTIAL NEW CUSTOMER APPLICATION/ACCOUNT FORM**

This form is designed as an interactive word document if you need to hand write fill in’s contact 614-889-8887 for a manual Application.

Click here to enter a date.

**APPLICANT NAME:** Click here to enter text. **WEBSITE:** Click here to enter text.

**BILLING ADDRESS / STREET / P.O.:** Click here to enter text.

**CITY:** Click here to enter text. **STATE:** Click here to enter text. **ZIP+4:** Click here to enter text.

**DELIVERY STREET ADDRESS:** Click here to enter text.

**CITY:** Click here to enter text. **STATE:** Click here to enter text. **ZIP+4:** Click here to enter text.

**PHONE NUMBER:** Click here to enter text. **FAX NUMBER:** Click here to enter text.

**ACCOUNTS PAYABLE CONTACT:** Click here to enter text. **EMAIL:** Click here to enter text.

**WOULD YOU LIKE INVOICES:** *Faxed:*  *Emailed:*  *Email Address:* Click here to enter text.

CORPORATION  LIMITED LIABILITY CO.  PARTNERSHIP SOLE PROPRIETORSHIP

**SALES TAX STATUS:** ------------- *Taxable*  *Non-Taxable*  - *Attach Exemption Certificate*

**SOCIAL SECURITY NUMBER** OR **EMPLOYER IDENTIFICATION NUMBER:** Click here to enter text.

**TYPE OF BUSINESS:** Click here to enter text.

**STATE OF INCORPORATION:** Click here to enter text. **YEAR INCORPORATED:** Click here to enter text.

**NAME AND ADDRESS OF PARENT CORPORATION**

or **HEADQUARTERS IF APPLICATABLE:** Click here to enter text.

**APPROXIMATE ANNUAL GROSS REVENUES:** $ Click here to enter text.

**TRADE REFERENCES:**

NAME: Click here to enter text. TELEPHONE: Click here to enter text. FAX: Click here to enter text.

COMPLETE ADDRESS: Click here to enter text.

EMAIL: Click here to enter text.

NAME: Click here to enter text. TELEPHONE: Click here to enter text. FAX: Click here to enter text.

COMPLETE ADDRESS: Click here to enter text.

EMAIL: Click here to enter text.

NAME: Click here to enter text. TELEPHONE: Click here to enter text. FAX: Click here to enter text.

COMPLETE ADDRESS: Click here to enter text.

EMAIL: Click here to enter text.

**THE APPLICANT AGREES:**

To AutoElectros standard terms of Net 30.

To pay invoices within these terms

To pay attorney’s fees & court cost incurred in the collection of any past due account.

That AutoElectros is authorized to check credit.

That AutoElectros standard terms and conditions of sale shall apply to all transactions between applicant and AutoElectros.

All orders must be accompanied by a purchase order, no verbal orders will be accepted.

Purchase orders must be on company letterhead or other official document.

All orders are shipped via UPS ground, prepaid and add, unless otherwise specified by customer on purchase order.

*Please indicate acceptance of the above by signing this form and returning with tax exception certificate to* [*Christine@autoelectros.com*](mailto:Christine@autoelectros.com) *or fax to (614) 889-3206. Credit cannot be considered without the returning of this form.* ***All credit is approved with a $2000.00 limit any amount over the limit will be prepaid.***

PLEASE TYPE NAME: Click here to enter text.

TITLE: Click here to enter text.

**Please print form before signing**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature