

New Customer Information Form

(Please Complete Both Pages)

Company Name:	Date:
Billing Address:	
-	
Shipping Address:	
-	
Buyer's Name:	Accounts Payable Contact:
Telephone No:	Fax No: E-Mail Address:
	Cancel B.O. Items: Ship B.O. When Available:
Credit Information	n:
Name of President/Pa	rtners:
Federal ID or Social S	ecurity No: Line of Credit Desired: (If Owner or Partner)
Years in Business:	DUNS No:
Type of Business:	
	(Corporation, Proprietorship, Partnership)
Bank Reference:	Telephone No:
	(Please clear our credit check with your bank.)
Address:	Fax No:
-	
Contact Name:	Account No:
Vendor Referenc	e 1: Account No:
Address:	
-	
Telephone No:	Fax No:

IUL Kataran	ce 2·	Account No:
	UG &.	Account No.
ss:		
	City	
	Telephone No:	Fax No:
dor Referen	ce 3:	Account No:
ss:		
		0.1
	City	State
		Fax No:
dor Referen	ce 4:	Account No:
ss:		
	City	
	City	
	Tolonhono No:	
s and Cand		Fax No:
It is agreed that will be assessed attorney's fees	itions: at the vendor will pay all invoices field on delinquent invoices at the rate and costs of collection the seller	rom SpecTech, Inc. in accordance with stated terms, and interest te of 1% per month (18.5% A.P.R.) together with any court costs, may incur in enforcing the terms of this agreement. It is also agreed
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SpecTech, Inc. 5115 Excelsior Boulevard Minneapolis, MN 55416 Ph. 952.932.0022 Fax 952.932.2942