



Customer Information



* Please provide a copy of your tax / resale certificate along with this form.

(Please Print)

Customer Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Accounts Payable Contact: _____

E-mail Address: _____

Phone Number : _____ Fax Number: _____

Purchasing/Buyer Name: _____

E-mail Address: _____

Phone Number : _____ Fax Number: _____

Shipping Preference: _____

Shipper's Account Number: _____

Dun and Bradstreet Number: _____

Please include four current credit references – with phone, fax and/or email address for each.

Credit Reference 1: _____

Phone Number : _____ Fax Number: _____

E-mail Address: _____

Credit Reference 2: _____

Phone Number : _____ Fax Number: _____

E-mail Address: _____

Credit Reference 3: _____

Phone Number : _____ Fax Number: _____

E-mail Address: _____

Credit Reference 4: _____

Phone Number : _____ Fax Number: _____

E-mail Address: _____

Please list anticipated annual purchases/sales with Meritec:

Briefly describe the nature of your business? Manufacturer, Distributor/Reseller, CM, Design Firm, Exporter or Other Industry(ies) served:

Referred by (if appropriate):

Meritec's website

Call-in

Ad

Representative or Distributor _____

Customer or Supplier

Other _____

N/A