



## NEW CUSTOMER ACCOUNT FORM

Welcome to 2/90 Sign Systems! We're pleased to set you up as a new customer and require the following information to be completed.

### Company Data

Company Name: \_\_\_\_\_ dba: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Website: \_\_\_\_\_

### Contact Data

Purchasing Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Tax Exempt: Yes No If Yes, attach Tax Exemption Certificate.

### Requested Account Terms

#### **Open Credit Terms**

2/90 terms of sale are Net 30 days. If requesting open credit terms, **please complete attached credit application form** and submit to 2/90 Credit Department. All first time orders require 50% deposit, balance CIA or COD. Allow up to 3 weeks for credit application processing.

#### **CIA (Cash in Advance)**

Pay by check or credit card I will pay by check

Credit Card Type: VISA MasterCard AMEX

Name on Card: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ (3-digit/4-digit code)

2/90 will keep my credit card / purchasing card on file for (check all that apply):

First order only.

Orders that fall under minimum \$100 net.

Orders that I want paid by credit card / purchasing card at my request.

All orders. I want to charge all orders to my credit card / purchasing card.

#### **COD (Cash on Delivery)**

All orders will be shipped COD. COD charges apply. Customer will be notified of the order total including tax and freight before shipping. COD orders cannot be drop shipped or shipped to a 3rd party receiver. Orders more than \$2,500 cannot be shipped COD. If shipping to a 3rd party, drop shipping, or if order exceeds \$2,500, customer may pay in advance by check or credit card.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_



# APPLICATION FOR CREDIT TERMS

## Account Information

Company Name: \_\_\_\_\_ dba: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Physical Address (if different than above): \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Website: \_\_\_\_\_  
 Accounts Payable Contact: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_  
 Parent Company (if any): \_\_\_\_\_

## General Business Information

Type of Products / Services Offered: \_\_\_\_\_  
 Type of Business: ( ) Corporation ( ) Partnership ( ) Individual Federal ID #: \_\_\_\_\_  
 SIC Code: \_\_\_\_\_ Dun & Bradstreet #: \_\_\_\_\_ Parent Co. D & B #: \_\_\_\_\_  
 Total # of Employees: \_\_\_\_\_ # of Employees at this Location: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Estimated Annual Sales: \_\_\_\_\_  
 Are you exempt from Sales and/or Use tax on items purchased from 2/90 Sign Systems? ( ) Yes ( ) No  
 If Yes, Please attach Tax Exemption Certificate.  
 Company Officer Names: \_\_\_\_\_ Titles: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Bank Reference

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Trade References (Please provide full company name, address, fax #, contact person)

	<b>Name</b>	<b>Address</b>	<b>Fax #</b>	<b>Contact</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

The information provided is for the purpose of obtaining credit and is warranted to be true. Authorization is hereby given to 2/90 Sign Systems to investigate the information and contact the listed references and/or credit information agencies regarding the credit and financial responsibility of the applicant. The undersigned acknowledges that, when the credit is extended, the following terms and conditions will be met:  
 Terms of Credit are NET 30 Days. All invoices must be paid within (30) days of shipment. Any invoices not paid within (30) days of shipment shall accrue interest at the rate of (18%) per annum, commencing with the (31st) day and continue until payment is made unless such interest charge is prohibited by law. Past due balances may result in orders being held. In the event of payment default, applicant will be held liable for any expenses related to collection.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

## FOR ACCOUNTING DEPT. USE ONLY

D&B RATING: \_\_\_\_\_ PAYDEX: \_\_\_\_\_ YEAR EST: \_\_\_\_\_  
 REFS SENT: \_\_\_\_\_  
 WELCOME / DENY CONTACT: \_\_\_\_\_

CREDIT ( ) APPROVED ( ) DENIED  
 AUTHORIZATION AND DATE: \_\_\_\_\_  
 CREDIT LIMIT: \$ \_\_\_\_\_  
 REASON: \_\_\_\_\_  
 \_\_\_\_\_