



# New Customer Information Form

Sales Rep:

Date:

<b>Company Name:</b>
<b>Address (HQ/Billing):</b>
(Street Address)
(Street Address)
(City) (State) (zip)
Telephone: Fax:

<b>Company Information:</b>
Proprietor Partnership Corporation
Year: State: DUNS Number:
Type of Business:
Healthcare Retail Transportation & Logistics
Manufacturing Distribution Professional Services
Other (please specify):
How long in Business:

Exempt from sales tax?	(If YES, please provide exemption certificate) (If NO, please verify the sales tax rate:
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Contacts	Name	Phone	Email
Sales Contact:			
Accounts Payable Contact:			
IT Contact:			

<b>Credit References:</b>
Bank: Branch:
Officer/Contact: Telephone:
Account Number (s):
Trade Reference: Telephone: email Address:
Trade Reference: Telephone: email Address:
Trade Reference: Telephone: email Address:

TERMS AND CONDITIONS:

The above information is given for the purpose of obtaining open account credit with OmniQ and/or it's subsidiaries and is warranted to be true. We agree to pay all invoices in accordance with your regular terms of Net 30 days. Should suit or collection action ne instituted in collection of our debt, we hereby agree to pay all reasonable collection cost, expenses attorney fees, and court cost incurred in the enforcement of the obligation of the undersigned.

We hereby authorize our credit reference to release any information necessary to assist in establishing a line of credit with OmniQ.

Firm Name:	By:
Date:	Title: