





NEW CUSTOMER FORM

Please send back to Accounts Receivable Accounting@storchmagnetics.com

General Information								
Are Purchase Orders Required?	(Yes/No)	Tax Exem	pt? (Yes.	/No)		MUST P RTIFICA	ROVIDE ATE	
Payment Terms Requested		Credit Card – Due Upon Receipt (Fill out this page only)					only)	
J I		Net 30			(All pages to be filled out)			
Completed By:					Date:			
IF YOU ARE TAX EXEMPT – PLEASE ATTACH YOUR CERTIFICATE/FORM WITH THIS APPLICATION ALL TRANSACTIONS WILL BE MARKED AS TAXABLE WITHOUT AN EXEMPTION								
Primary Information								
Company Legal Name								
Company DBA								
Address								
City		State	Co	ounty		Zip		
Contact Name						Phone		
Email Address						Fax		
Ship To Information								
Ship To Address								
City		State	Со	ounty		Zip		
Contact Name						Phone		
Email Address						Fax		
Billing Information								
Prefer Emailed Invoices?	If yes, ple	ase provide:						
Billing Address								
City		State	Co	unty		Zip		
Contact Name						Phone		
Fmail Address						Fax		







APPLICATION FOR CREDIT ALL INFORMATION IS REQUIRED

Has the firm or any of	its principals ever be	een Ba	nkrupt?	[_] }	Yes []	No			
If Yes, explain									
			TERMS OF SAL	Е					
Any misrepresentation basis for the extendinformation submitted principals listed.	ling of credit. As	an in	ducement to g	rant cı	edit, the und	dersig	ned w	varrants that the	Э
In consideration for and promises to pay charge per month of any third parties are agrees to pay all colland all costs of litigate credit agreement on	for all purchases 1-1/2% per month employed to colle lection costs, includation incurred. The	within (18%) ect any ding a under	n the terms ag annual percen y outstanding r actual attorney rsigned represe	reed o tage ra nonies fees, w	f Net [] and a file and a fil	and ag st due id bus t litiga	grees balan iness ation l	to pay a service ces. In the even the undersigned has commenced	t d
Signature			Printed N	ame &	t Title				
		Gen	eral Inforn	natio	n				
Company Name						Fed	ID#		
Bill To				Phor	ne#				
Ship To	Fax				Fax	#			
Business Information									
	Year Incorporated		Corporation		Sole Owners	ship		Partnership	
Type of Business				Product/Service					
Owner's Name				Phone/Email					
Contact Name				Phone/Email					
A/P Manager				Phone/Email					
Bank Name				Phone #					
Bank Address				Fax #	#				_
Contact Name				Phon	ne/Email				







Trade References (Fax or Email <u>must</u> be provided)							
Company	Phone		Fax				
Address							
Contact Name		Contact Email					
Company	Phone		Fax				
Address							
Contact Name		Contact Email					
Company	Phone		Fax				
Address							
Contact Name		Contact Email					
Company	Phone		Fax				
Address							
Contact Name		Contact Email					
Company	Phone		Fax				
Address							
Contact Name		Contact Email					
				_			
Company	Phone		Fax	_			
Address	1						
Contact Name		Contact Email					
Company	Phone		Fax				
Address				_			
Contact Name		Contact Email					