**NEW CUSTOMER ACCOUNT REQUEST**

*Please complete and return this form along with a copy of your organization’s* ***Tax Certificate*** *by fax to 913-549-1002 or by email to the requesting party. Please note that the Tax Certificate is required in order to set up your account in Eurotech’s ERP system. Please be sure to include this document as account requests returned without a certificate may delay your order fulfillment.*

|  |  |
| --- | --- |
| **COMPANY NAME** |  |
|  **A/P CONTACT** |  |
| **A/P TITLE** |  |
|  **A/P EMAIL**  |  |
| **A/P PHONE** |  |
| **PREFERRED INVOICE METHOD** | (Please note that all invoices will be emailed unless otherwise noted. If you require invoice submission by some other means, please indicate so here.) |
| **FEDERAL TAX ID #** |  |
| **BILL TO STREET ADDRESS****STREET NUMBER, SUITE #/PO BOX** |  |
| **CITY** |  |
| **STATE/PROVINCE** |  |
| **ZIP** |  |
| **COUNTRY** | USA |
| **INDUSTRY****Please select the most applicable Industry** | Choose an item. |

**[ ]  TAX CERTIFICATE ATTACHED**

**[ ]  SHIP TO IS SAME AS BILL TO ADDRESS**

|  |  |
| --- | --- |
|  **SHIP TO STREET ADDRESS****STREET NUMBER, SUITE #/PO BOX** |  |
| **CITY** |  |
| **STATE/PROVINCE** |  |
| **ZIP** |  |
| **COUNTRY** | USA |

**TERMS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **[ ]**  | **CREDIT CARD** | **[ ]**  | **NET 30** | **[ ]**  | **OTHER:**  |

**\**Please note: If you would like Net terms, please complete the Credit Application on page 3. If you have any questions regarding the application, please call***

**ADDITIONAL INFORMATION**

***[To be completed by Eurotech; internal use only]***

|  |  |
| --- | --- |
| **RSM** |  |
| **SALES REP** |  |
| **COMMENTS** |  |

**REQUESTED BY:**

**INDUSTRY DEFINITIONS:**

**AER – Aerospace: a) fixed infrastructure for civil aviation or space missions. b) mobile subsystems or platforms on board of civil air vehicles or space vehicles**

**DEF – Defense: any application involving as the final customer a defence agency/ministry/department**

**FRS – First Responders & Surveillance: a) any product sold to civil protection, police, fire guards, etc. b) any products used in security and surveillance applications.**

**HEC – Healthcare: a) portable devices used in healthcare processes, e.g. a ZyPad used by a nurse. b) stationary platforms such as a Helios that collect/spread information from/to distributed electronic devices in a healthcare or medical application.**

**IND – Industrial: plant automation, production equipment, process control, test equipments, measure equipments, etc.**

**LOG – Logistics: a) fixed infrastructure for supply chain management applications, such as warehouse management or asset monitoring. b) mobile platforms or devices to perform/support asset monitoring, inventory management, etc.**

**MEE – Medical Equipments: fixed equipments to perform medical exams, like MRIs or CTs.**

**TRA – Transportation: a) fixed infrastructure for transportation, such as ticketing systems, toll-gate systems, central stations to control traffic etc. b) mobile subsystems or platforms on board of ground vehicles or sea vehicles, such as PIS, MARs, GPS etc**

**RCU – Research Centers & Universities: typically related to HPC products**

**OTH – Other: any application field that does not fit into any of the previous ones**

**CREDIT APPLICATION**

*Please type the information directly into this form, print, sign and return to your contact at Eurotech via email or fax to 913-549-1002. Thank you.*

**Name of Company**

Mailing Address

Business Telephone       Business Fax

Business Entity is [ ]  Sole Proprietorship [ ]  Partnership [ ]  Corporation

If corporation, give State of inc.      Federal Tax ID No.

If sole proprietorship or partnership: Owner’s Social Security No.

Describe Type of Business     Since:      No. of Employees

Accounts Payable Contact     Phone /fax

DUNS#           Maximum Credit Limit Requested $

**Name of Officers, Partners or Owners**

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Full Name** | **Title** | **Address** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

**Bank Reference**

Name of Bank

Mailing Address

Credit Department Phone      Fax

Contact Person & Title

Type of Account       Account No.

**Trade References**

Please provide three (3)

|  |  |
| --- | --- |
| **Name** | **Address** |
|  |  |
| **Phone** | **Fax** | **How Long?** |
|  |  |  |

|  |  |
| --- | --- |
| **Name** | **Address** |
|  |  |
| **Phone** | **Fax** | **How Long?** |
|  |  |  |

|  |  |
| --- | --- |
| **Name** | **Address** |
|  |  |
| **Phone** | **Fax** | **How Long?** |
|  |  |  |

Additional comments to expand on anything above or assist in determination of credit worthiness:

**Read before Signature:**

I, the undersigned, warrant the financial information above to be true, correct and complete to the best of my knowledge and hereby authorize any credit investigation needed for verification.

Name       Title

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