



720 W. US Hwy. 20. Michigan City, IN 46360
 p 219.872.8618 BulkEquip.com



New Customer Information

Company Name:	
<input type="radio"/> Sole proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Other	
Physical Address (no P.O. Boxes)	
City, County, State, ZIP Code:	Website url:
Date Business Commenced:	
Company Contact:	
Phone Fax:	
E-mail:	
Accounts Payable Address:	
City, County, State, ZIP Code:	
A/P Contact:	
A/P Phone number:	A/P Email:
Invoices Mailed or Emailed? <input type="radio"/> Mailed <input type="radio"/> Emailed Email Address:	
Will Purchase Orders be issued prior to delivery or commencement of services? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide contact name:	

BUSINESS/TRADE REFERENCES

Company Name:	Phone:
Address:	Fax:
City, State ZIP Code:	Email:
Type of account:	Other:
Company Name:	Phone:
Address:	Fax:
City, State ZIP Code:	Email:
Type of account:	Other:
Company Name:	Phone:
Address:	Fax:
City, State ZIP Code:	Email:
Type of account:	Other:

TAX STATUS

Sales Tax Status:
 _____ Taxable
 _____ Exempt
 If exempt, we must receive a valid tax exemption certifiat in order for invoices to exclude taxes. The document should be sent to ar@bulkequip.com.

AGREEMENT

Bulk Equipment Corp's standard invoice terms are N30 and we expect that all invoices shall be paid timely. A monthly Finance Charge of 1.5% (18% APR) will be added to all past due amounts. Bulk reserves the right to suspend future services or shipment of goods on past due accounts. Failure to pay shall enable Bulk Equipment Corp. to collect any collection and legal costs. Venue shall be LaPorte County, Indiana. By signing this form, you agree to these terms and authorize Bulk Equipment Corp. to make inquiries into the references supplied. Any information provided herein will be used strictly for purposes of setting up your account with us and held in confidence. These terms shall apply to any and all work requested by customer of Bulk.

SIGNATURES

Authorized Signature:	Date:
Name and Title:	

APPLICATION AND TAX EXEMPT DOCUMENTATION SHOULD BE SENT TO AR@BULKEQUIP.COM