



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



NEW CUSTOMER INFORMATION

Company Name: _____
 Sole Proprietorship Partnership Corporation Other
Physical Address (no PO Boxes): _____
City, County, State, Zip Code: _____ Website URL: _____
Date Business Commenced: _____
Company Contact: _____
Phone | Fax: _____
Email: _____
Accounts Payable Address: _____
City, County, State, Zip Code: _____
A/P Contact: _____
A/P Phone Number: _____ A/P Email: _____
Invoices Mailed or Emailed? Mailed Emailed Email Address: _____
Will Purchase Orders be issued prior to delivery or commencement of services? Yes 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: _____

SALES TAX STATUS

Taxable Exempt If exempt, we must receive a valid tax exemption certificate 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: _____ Fax: _____