



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

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: _____