



CUSTOMER PROFILE

Acct Number: _____

Name of Firm: _____

Billing Address: _____

(Street & Address)

(City/State/Zip)

(Telephone #)

Shipping Address: _____

(Street & Address)

(City/State/Zip)

(Fax #)

Buyers E-Mail Address: _____ Web Page Address: _____

Type of Business: Corporation: _____ Partnership: _____ Sole Owner: _____

Date Incorporated: _____ State: _____ Fed Tax ID #: _____

No. of Office Workers: _____ Number of Years in Business: _____

Names of Owners, Partners, or Officers: _____

If Branch, location of home office: _____ Where are bills paid?: _____

Who is the person to contact regarding Accounts Payables: _____

A/P Contact Persons E-Mail Address: _____

Name(s) of persons authorized to charge: _____

TAX EXEMPT? (CIRCLE ONE) **YES NO** REQUIRE A PURCHASE ORDER? (CIRCLE ONE) **YES NO**

If yes, please attach Tax Certificate. Listed with Dun & Bradstreet? (CIRCLE ONE) **YES NO**

We expect our monthly purchases to be: \$ _____ Dun & Bradstreet Number: ↘ _____

Would your company like monthly statements? (CIRCLE ONE) **YES NO**

Bank References: Personal charge accounts and credit cards are NOT acceptable References.

(Name) (Street & Address) (City/State/Zip) (Account #) (Telephone #)

(Name) (Street & Address) (City/State/Zip) (Account #) (Telephone #)

Trade references:

(Name) (Street & Address) (City/State/Zip) (Telephone #) (Fax #)

(Name) (Street & Address) (City/State/Zip) (Telephone #) (Fax #)

(Name) (Street & Address) (City/State/Zip) (Telephone #) (Fax #)

Our Credit terms are: **"Due upon receipt of invoice"**. Accounts 30 days or more past due may be charged interest at the rate of 1 1/2% per month or the maximum legally allowable rate in the purchasers state of residence.

Accounts 45 days or more past due may not receive shipments until account is current unless other arrangements are made in writing with our Accounts Receivable Department. Accounts 90 days past due may be placed with a collection agency and credit charges, court costs and reasonable attorney fees may be added to amount due unless other arrangements are made with our Accounts Receivable Department.

This credit application is complete and accurate to the best of my knowledge. I have read, understood, and agree to abide by the terms and conditions as stated in this document.

Signature of Authorized Agent: _____

Name

Title

YES I would like to receive promotions, announcements, invitations, and special offers from Reliant.

Please specify which method is preferred. Fax email

Please fax completed application back with signature to 713-980-7159.