

NEW CUSTOMER ACCOUNT INFO

Business Information Form



Contact Information

Company

Name: _____ Fax: _____

E-mail: _____ Phone: _____

Shipping Address: _____

Billing Address: _____

(If different from shipping address)

Federal Tax ID #/State: _____

Primary Contact

Name: _____

Title: _____

Phone: _____

E-mail: _____

Purchasing Manager/Accounting

Name: _____

Title: _____

Phone: _____

E-mail: _____

Tax Exemption

No

Yes: Resale/Exemption Certificate must be attached to this form in order for account to be setup as exempt.

Client Agreement

1. I agree to pay within 15 days of receipt of the invoice for the merchandise or services rendered by TruAbutment Inc.
2. I agree to make claims against invoices within 7 working days.

Return Policy

1. Customer may return products within 15 days of receiving the order. 30% restocking fee from the total applies.
2. Customer may exchange products within 30 days of receiving the order.
\$30 handling fee per transaction as well as any shipping costs apply

Your Company Authorization

I certify that the information provided in this form is accurate and fully understand the terms set forth by TruAbutment Inc.

Date: _____

Signature: _____