



Customer Account Application

For Internal Use ONLY. Not to be completed by applicant.

Assigned Acct #: _____ Contact: _____

Date: _____ Title: _____

SHIPPING ADDRESS

Co. Name:	
Attn:	
Address:	
City, State:	
Zip (+4):	
Phone:	
Fax:	
Email:	

BILLING ADDRESS

Co. Name:	
Attn:	
Address:	
City, State:	
Zip (+4):	
Phone:	
Fax:	
Email:	

BILLING & CONTACT INFORMATION

Co. Owner:	
Mold Orders CONTACT	
Invoice/Billing CONTACT	
Purchase Orders Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes - <input type="checkbox"/> Blanket or <input type="checkbox"/> Individual
Purchase Order CONTACT	
Primary Method of Payment	<input type="checkbox"/> Credit Card <input type="checkbox"/> Monthly Stmt/Check <input type="checkbox"/> C.O.D. <input type="checkbox"/> PayPal

Buying Group if applicable _____

TERMS

The above information is correct. I have read and understand Emtech's remake policy, return policy and shipping policy (available on our website, www.emtech-labs.com). I am aware that the terms are Net 30 and agree to pay according to the terms. I agree to pay a 2% finance charge per month on any balance over 30 days from invoice date. I also agree to pay any court costs, attorney's fee and costs on collection the seller may incur in enforcing the terms of this agreement.

Signature

Date

Email to Emtech Laboratories, Inc. Sabrina@emtech-labs.com