



# 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](http://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](mailto:Sabrina@emtech-labs.com)**