# armorex™

# CUSTOMER SET UP FORM

## CUSTOMER INFORMATION

Company Name: _____

Billing Address: _____
Street Address                                                                    Building #/Unit #

_____
City                                         State                            Zip Code

Phone Number: _____ Fax Number: _____

Shipping Address: _____
☐ Same as          Company Name if Different than Billing Address

billing address    _____
Street Address                                                                    Building #/Unit #

_____
City                                         State                            Zip Code

Phone Number: _____ Fax Number: _____

Tax (please select all that apply): ☐ City Sales Tax   ☐ County Sales Tax   ☐ State Sales Tax   ☐ Tax Exempt

Tax Exemption #: _____ Please include tax exemption form when submitting application

## DELIVERY DETAILS

Receiving Hours: _____

Delivery Instructions: _____

_____

Is a Purchase Order # Required on every order? ☐ Yes   ☐ No

Would you like to be setup for online ordering? ☐ Yes   ☐ No

## KEY CONTACTS

Accounts Payable: _____
Name                                                                    Phone Ext/Cell

_____
Email                            E-mail that invoices are to be sent to if different than A/P email

Purchasing #1: _____
Name                            Phone                            Email

Purchasing #2: _____
Name                            Phone                            Email

## TERMS REQUESTED

**Credit Card**

☐ I will provide payment at the time of each order.

☐ Credit Card Automatically - Securely store credit card to process payment at time of order. *Please complete below Credit Card Authorization.*

☐ Credit Card 1st Monthly - Securely store credit card to process payment on the 1st of each month for invoices accumulated the previous month. *Please complete below Credit Card Authorization.*

| Credit Card Authorization | |
| --- | --- |
| Name on Card: | |
| Card Number: | |
| Card Expiry Date: | |
| CVV Number: | |

**Net 30 Days**

☐ Credit of $1000.00. Payment due within 30 days of the invoice by EFT, cheque, credit card, or e-transfer. No credit application required.

☐ Credit of more than $1000.00. Payment due within 30 days of the invoice by EFT, cheque, credit card, or e-transfer. $1000.00 credit will be temporarily given and we will contact you regarding the credit application process.

Form submitted by: _____ Date: _____

If you have any questions, please do not hesitate to reach out to us by phone or email. Please return completed forms by email to customerservice.us@armorex.com