

Saddle Brook Controls New Account Application And Agreement

1. Company name and billing address: <hr/> <hr/> <hr/> <hr/> County _____		2. Shipping address (if different from #1) <hr/> <hr/> <hr/> <hr/> <input type="checkbox"/> If shipping address is a residential address check here.	
3. Phone Number: (w/ext.) (____) _____ 5. E-Mail Address: _____		4. Fax Number: (____) _____ 6. SIC# : _____ 7. NAICS# _____	
8. Six Credit references with addresses and phone numbers:			
A. <hr/> <hr/> <hr/> Phone No: _____ Fax No.: _____ E-Mail Address: _____	B. <hr/> <hr/> <hr/> Phone No: _____ Fax No.: _____ E-Mail Address: _____	C. <hr/> <hr/> <hr/> Phone No: _____ Fax No.: _____ E-Mail Address: _____	
D. <hr/> <hr/> <hr/> Phone No: _____ Fax No.: _____ E-Mail Address: _____	E. <hr/> <hr/> <hr/> Phone No: _____ Fax No.: _____ E-Mail Address: _____	F. <hr/> <hr/> <hr/> Phone No: _____ Fax No.: _____ E-Mail Address: _____	
9. Chief Financial Officer: _____	10. Individuals responsible for paying invoices: _____		11. Accts. Payable Phone Number: (____) _____
12. Name and address of your bank: _____		13. D&B Rating: _____	
14. Indicate states to which you pay sales tax (check all that apply): <input type="checkbox"/> PA <input type="checkbox"/> NJ <input type="checkbox"/> MD <input type="checkbox"/> NY <input type="checkbox"/> Tax exempt status if applicable. (Please furnish completed Sales Tax Exemption Certificate {s}.)			
15. Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		16. Fed. I.D. Number or SS Number: _____	
17. Name of Engineering Manager: _____	18. Name of Maintenance Manager: _____		19. Name of Purchasing Manager: _____

APPLICANT'S AUTHORIZED REPRESENTATIVE

Company Name _____

Name (Please Print) _____

Signature _____

Title _____

Date _____

SADDLE BROOK CONTROLS

Name (Please Print) _____

Signature _____

Title _____

Date _____