CUSTOMER INFORMATION SHEET

☐ **COSMOTEC Customer** *Please complete all fields, sign and fax to (301) 662-5487* ☐ **STULZ Customer**

STULZ Air Technology Systems Inc. - OFFICE USE ONLY

Job Number(s):_____

Amount of Order: $_____ Purchase Order #:_____(Attach copy)

Approximate Ship Date: _____ Initials of CSR: _____

Business/Firm Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____)_____ Fax #: (____)_____ E-Mail: _____

Contact: _____ Year Established: _____

DUN & BRADSTREET #: ____ - _____- _____Corporation _____ Partnership _____ Sole Proprietorship _____

NAMES & TITLES OF PRINCIPLES / OFFICERS:

1) _____ Title: _____

2) _____ Title: _____

3) _____ Title: _____

ACCOUNTS PAYABLE CONTACT:

Name: _____ Title: _____

Phone #: (_____)_____ Fax #: (_____)_____ E-Mail: _____

TRADE REFERENCES: (List three vendors from whom you have purchased in amounts equal to this order)

Name: _____ Address: _____

Phone #: (_____)_____ Fax #: (_____)_____ E-Mail: _____

Name: _____ Address: _____

Phone #: (_____)_____ Fax #: (_____)_____ E-Mail:_____

Name: _____ Address: _____

Phone #: (_____)_____ Fax #: (_____)_____ E-Mail: _____

BANK REFERENCE:

Bank Name: _____ Account #: _____

Address: _____

Contact: _____ Bank Officer: _____

Phone #: (____) _____ Fax #: (____) _____ E-Mail: _____

Applicant accepts and agrees to the following terms:

All sales and services by STULZ to applicant will be subject to STULZ' standard terms and conditions as published on www.stulz-ats.com and in effect at the time of the order. Any variance from those terms and conditions will be effective only if agreed to in writing by an officer of STULZ prior to the time the products or services are ordered.

Credit terms are Net 30 days from date of invoice. Outstanding balances are subject to 1.5% per month interest.

The undersigned authorizes and releases STULZ, all banks, persons, and companies listed on this application to furnish information for credit review.

The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances.

Name: _____ Title: _____

Signature: _____ Date: _____

Personal Guarantee:

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

Name: _____ Title: _____

Signature: _____ Date: _____

SALES TAX EXEMPTION:

☐ Resale Certificate attached ☐ Exempt Certificate attached ☐ Not sales tax exempt