



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:	
E-mail:	

Billing Address

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

Billing & Contact Information

Co. Owner (or Corp Officer)	
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

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 of collection the seller may incur in enforcing the terms of this agreement.

Signature

Date

Fax to Emtech Laboratories, Inc. 540-265-9164

Attention: _____