



New Customer Form

Laboratory Mechanicals - Life Science - Photonics

COMPANY INFORMATION

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Dun & Bradstreet No.: _____

Type of Organization: Corp. Partnership Single Proprietorship Other _____

Type of Business: _____ Date Business Established: _____

How would you like your Order Confirmations?

By fax By E-mail: _____

All Invoices are mailed within the US, would you like a copy sent by e-mail also?

E-mail _____

ACCOUNTS PAYABLE INFORMATION

Alternate A/P Info:

A/P Contact: _____ A/P Contact 2: _____

A/P Phone: _____ A/P Phone 2: _____

A/P Fax: _____ A/P Fax 2: _____

A/P E-mail: _____ A/P E-mail 2 : _____

TAX INFORMATION

Sales tax will be added to invoices for shipments into California and Arizona unless customer is either a Reseller or Tax Exempt.

Is Customer a Reseller? Yes No

- If yes, provide Resale Certificate for each applicable state. (Seller's permit does not meet requirement for deferring sales tax).

Is Customer Tax Exempt? Yes No

If yes, provide Tax Exemption Document.

If you are applying for terms with an open line of credit to be paid with a company check, please sign both signature blocks on page 2 of this form and attach a copy of your company's trade references.

I hereby certify that the above information provided herein is correct and complete and I authorize Siskiyou Corporation to verify the same. To accomplish such verification, the undersigned hereby authorizes any bank or other financial institution to release to Siskiyou Corporation and its employees or agents, any and all credit, financial, banking or other information regarding the organization listed herein which may be requested by Siskiyou Corporation and its employees or agents.

Signature

Date

Printed Name

Title

AGREEMENT

I (we) agree that this application may be referred to a credit reporting bureau for verification of the information provided and if credit is extended, I (we) further agree that such extension of credit shall be subject to the following terms and conditions:

1. I (we) shall pay the full amount of the invoice when due, which is defined as 30 days from invoice date unless otherwise specified. 1% discount for prompt payment is applicable if invoices are paid in full within 10 days of invoice date.
2. If payment in full is not received by Siskiyou Corporation; by the due date, a service charge of 1-1/2% per month (18% per annum), or the maximum allowable by law, whichever is lesser, shall run on the unpaid balance from said date until payment in full is made.
3. In the event that a delinquent account is placed in the hands of a licensed collector or an attorney for collection, or suit is instituted on this account, I (we) agree to pay, in addition to the amount of the delinquent amount and interest, court costs, collector=s and / or attorney=s fees.
4. I (we) acknowledge receipt of and agree to the Siskiyou Corporation; Terms and Conditions of Sale, as printed on packing lists and invoices.
5. This agreement will be construed under the laws of the State of Oregon, without regard to the choice of law rules of that state.
6. Any action brought by either party for claims arising out of this agreement shall be filed in the appropriate court located in the State of Oregon, County of Josephine.

Agreement accepted for (company name):

Authorized Agent (signature):

Title: