NEW CUSTOMER INTAKE FORM

CUSTOMER INFO

CUSTOMER NAME: _____ d/b/a (if applicable): _____

ENTITY TYPE: _____ CORP _____ LLC _____ PARTNERSHIP _____ SOLE PROPRIETOR

STATE OF INCORP. / ORGANIZATION: _____ EIN: _____

OWNER/PRINCIPAL/CONTACT PERSON: _____

BILLING ADDRESS: _____

PHONE: _____ EMAIL: _____

FAX: _____ WEB: _____

TAX EXEMPT: _____ YES _____ NO
*If Tax Exempt, Please Provide Resale Certificate and/or Tax Exempt Documentation

TERMS OF SALE

Customer Agrees to MicrobeGuard, LLC's Terms and Conditions of Sale, as posted on its website, www.MicrobeGuard.com, and as may be amended from time to time.

CREDIT

Customer may only apply for credit terms with MicrobeGuard, LLC by completing a credit application.

ACCOUNTS PAYABLE CONTACTS

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

SHIPPING & RECEIVING CONTACT

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

AGREED TO BY:

SIGNATURE: _____

PRINTED NAME & TITLE: _____ DATE: _____

EMAIL THIS COMPLETED FORM TO:

SALES@MICROBEGUARD.COM

MicrobeGuard®