



NEW CUSTOMER APPLICATION

BUSINESS CONTACT INFORMATION

Your Name & Title:

Company Name:

Phone:

Fax:

Your E-mail:

Registered Company Address:

City:

State:

ZIP Code:

Date Business Commenced:

Sole Proprietorship:

Partnership:

Corporation:

Other:

Sales Tax Exempt? (if yes please provide sales tax exempt form):

Invoice E-mail Address:

Attn:

BUSINESS AND CREDIT INFORMATION

Corporate Business Address:

City:

State:

ZIP Code:

How long at current address?

Phone:

Fax:

E-mail:

Credit limit Requested:

D&B #:

Bank Name:

Bank Address:

Phone:

City:

State:

ZIP Code:

Type of account

Account Number

Savings

Checking

Applying for a Blanked PO,

List Number and Expiration Date:

BUSINESS/TRADE REFERENCES

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. By submitting this application, you authorize 5 Minds Mobility Group LLC to make inquiries into the banking and business/trade references that you have supplied.
2. Our terms are net 30 days. Extended options are available upon request & favorable credit check.
3. Accounts not paid in this time frame will be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Collection fees will be added to your account.

SIGNATURE

Signature:

Date: