



UI Supplies, Inc
 95 Orville Dr.
 Bohemia, NY 11716
 U.S.A.

New Customer Account Application

**Fax to: 888-791-9188 or
 631-218-3285 (local)**

Account #: _____ Date: _____ Account Executive: _____

Company Name: _____

| |
|--------------------|
| Billing Address: |
| |
| |
| City, State & Zip: |

| |
|--------------------|
| Shipping Address: |
| |
| |
| City, State & Zip: |

Telephone: _____

Fax: _____

Contact Name: _____

E-mail: _____

How did you hear about us? _____

of laser cartridges recycled per month? _____

Payment terms* (Check one): MC VI AX *COD *NET *Additional form required for NET & COD payment methods

Credit card #: _____ Exp. date: _____ Sec. ID: _____

Cardholder name: _____ Cardholder Signature: _____

Billing address of credit card (if different than above): _____

Preferred shipping method: UPS: Ground Orange Blue Red

Notes: _____

Opening Order:

| Quantity | Item # | Description | Price | Notes |
|----------|--------|-------------|-------|-------|
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