



New Customer Account Application

UI Supplies, Inc

95 Orville Dr.
Bohemia, NY 11716
U.S.A.

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

Account #: (internal use only) _____ Date: _____ Account Executive: _____

Company Name: _____

Billing Address:
City, State & Zip:

Shipping Address:
City, State & Zip:

Telephone: _____

Fax: _____

Primary Contact Name: _____

E-mail: _____

A/P Contact Name: _____

E-mail: _____

How did you hear about us? _____

of laser cartridges recycled per month? _____

Federal Tax ID or SS #: _____

Type of ownership: Sole Proprietor Corporation Non-Profit Partnership LLC LLP

Payment terms* : Credit Card 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): _____

Would you like to receive electronic invoices (when available) ? Yes No _____

Notes: _____

Opening Order:

Quantity	Item #	Description	Price	Notes

UI Supplies reserves the right to charge your credit card for any outstanding balance(s) on your account which are past your agreed upon terms.