

## New Customer Account Application

~Please complete in full and return via fax or email~

### Contact Information

|                    |        |
|--------------------|--------|
| Company:           |        |
| Principal contact: | Title: |
| Address:           | Email: |
|                    | Phone: |
|                    | Fax:   |
| City, State, Zip:  |        |

### Billing Information

|                                  |  |
|----------------------------------|--|
| Billing contact:                 | Email:   |
| Address: if different than above | Phone:   |
|                                  | Fax:   |
| City, State, Zip:                |  |
| Invoice Receipt Preference:      | <input type="checkbox"/> Email <input type="checkbox"/> Mail   |
| Billing Preference:              | <input type="checkbox"/> Credit card* <input type="checkbox"/> Company check (3 references required) |

\* Please call our office at 724-853-4047 to provide the credit card number.

### Shipping Information

same as contact address

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

## References

|                   |        |
|-------------------|--------|
| Company:          |        |
| Contact Name:     | Email: |
| Address:          | Phone: |
|                   | Fax:   |
| City, State, Zip: |        |
|                   |        |
| Company:          |        |
| Contact Name:     | Email: |
| Address:          | Phone: |
|                   | Fax:   |
| City, State, Zip: |        |
|                   |        |
| Company:          |        |
| Contact Name:     | Email: |
| Address:          | Phone: |
|                   | Fax:   |
| City, State, Zip: |        |

The undersigned acknowledges that he/she is an agent of the company listed above and that the information provided is current and accurate. The agent authorizes U.S. Micro-Solutions, Inc., their agent, or designee to complete a client credit check, which will include contact with listed references and/or clearance through Experian or other data source. Completion of this form does not guarantee that credit will be offered by U.S. Micro-Solutions, Inc.

Agent Name (print)

Signature

Date

Name on Credit Card (print)

Signature

Date

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