

## 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 reference:	<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
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Name on Credit Card (print)	Signature	Date
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