



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

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

Shipping Information

same as contact address

Address:
City, State, Zip:

The undersigned acknowledges that he/she is an agent of the company listed above. The agent authorizes U.S. Micro-Solutions, Inc., their agent, or designee to complete a client credit check.

Agent Name (print)

Signature

Date