



## Customer Information Form

### COMPANY INFORMATION

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Shipping/Billing Address (If different than above): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_

Type of Business: (Corporation, Partnership, Proprietorship): \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Tax Exempt? YES NO

Tax/Resale Permit Number: \_\_\_\_\_

*If you are located in NYS, NJ or CT and are tax exempt, please complete and return attached Resale/Tax Exempt Certificate. If we do not have a certificate on file for your company, we will charge sales tax.*

### CONTACT INFORMATION

President: \_\_\_\_\_ Ext. \_\_\_\_\_

Vice President: \_\_\_\_\_ Ext. \_\_\_\_\_

Secretary: \_\_\_\_\_ Ext. \_\_\_\_\_

Treasurer: \_\_\_\_\_ Ext. \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Ext. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Acctg. Contact: \_\_\_\_\_ Ext. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Authorized Purchasers:

(1) \_\_\_\_\_ Ext. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(2) \_\_\_\_\_ Ext. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(3) \_\_\_\_\_ Ext. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(4) \_\_\_\_\_ Ext. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Company Credit Information

Complete this section only if applying for open account with layerONE media.  
All new accounts will require prepayment until credit information is verified.  
You will be notified in writing if your company has been issued an open account.

### BANKING INFORMATION

Bank Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Account: \_\_\_\_\_  
Checking Savings Account#: \_\_\_\_\_

### TRADE REFERENCES

1. Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(required)

2. Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(required)

3. Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(required)

Amount of credit requested: \_\_\_\_\_

### CONDITIONS OF SALE AND TERMS OF PAYMENT

layerONE media LLC terms are Net 30 days with approved credit. A monthly 1.5% finance charge will be added to all unpaid invoices past due. Exceeding set credit limit requires written pre-approval from layerONE media Credit Dept. Signing below implies acceptance of these terms.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Do not Write Below This Line

**Credit Approved:**

Yes \_\_\_\_\_ Credit Limit: \_\_\_\_\_

No \_\_\_\_\_ Explain: \_\_\_\_\_