



PHOENIX INNOVATIONS, INC.

CUSTOMER APPLICATION

Return to: ACCOUNTSRECEIVABLE@PHOENIX314.COM

Business Name: _____ Fed ID# or SS#: _____
(Please provide W9)

Contacts

Business Contact: _____ Email: _____ Phone: _____

AP Contact: _____ Email: _____ Phone: _____

Preferred Method to Receive Invoices: Email Mail Preferred Payment Method: Check ACH

Addresses: Use a sperate sheet for additional shipping addresses (We will need an exemption for each address)

Mailing Address: _____ Main Business Phone: _____

City: _____ County: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ County: _____ State: _____ Zip: _____

Type of business: _____ Year business opened: _____ Sales Tax Exemption#: _____ Tax Rate: _____
(Please provide copy of certificate – for ship to state)

Bank Reference: A separate data sheet will be accepted for the following information if available

Name: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date account opened: _____

Trade References

Firm name: _____ Phone: _____

Firm name: _____ Phone: _____

Firm name: _____ Phone: _____

The undersigned hereby agrees to all terms and conditions and that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs.

Terms and conditions: All invoices are due Net 30 unless otherwise noted and agreed upon prior to Purchase Order acceptance.

All Credit Card Sales are subject to a 5% processing fee. All international Checks are subject to a \$25 Processing Fee; this fee will be waived if the customer is set up to pay via ACH. Returned payments will be subject to a \$35 fee and the account will be placed hold until paid in full and subject to COD payment terms for 90 days.

Company: _____ Date: _____

Print Name: _____ Title: _____

Signature: _____