

CALDWELL BENNETT INC.
P.O. BOX 610 ROME, NY 13442-0610 · PHONE: (315)337-8450
FAX: (315) 337-0215 · 1-800-346-3462
NEW ACCOUNT/CREDIT CARD ONLY APPLICATION

FIRM NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

SHIPPING ADDRESS (IF DIFFERENT) _____

METHOD TO RECEIVE INVOICE(CIRCLE ONE): E-MAIL, WITH SHIPMENT, FAX, REGULAR MAIL

IF EMAIL IS SELECTED PLEASE PROVIDE EMAIL ADDRESS _____

SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ DATE ESTABLISHED _____

FEDERAL TAX ID # _____ RESALE CERT # _____

A/P CONTACT _____ PHONE _____

NAME PRINCIPAL OWNER(S)/OFFICER(S):

NAME: _____ TITLE: _____ SS# _____ DRV. LIC.# _____

NAME: _____ TITLE: _____ SS# _____ DRV. LIC.# _____

TRADE REFERENCES: CREDIT CARD – 1 REFERENCE

NAME: _____ ACCT# _____ PHONE: _____ FAX _____

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
THIS AUTHORIZES CALDWELL BENNETT TO OBTAIN ANY INFORMATION REGARDING OUR ACCOUNT
TO ESTABLISH AN ACCOUNT.

CREDIT CARD AUTHORIZATION

I AUTHORIZE CALDWELL BENNETT, INC. (C.B.I.) TO BILL WRITTEN OR VERBAL ORDERS PLACED BY:

ACCOUNT NAME: _____

TO THE CREDIT CARD IDENTIFIED BELOW. THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL
RESCINDED BY ME IN WRITING.

CARD TYPE: BUSINESS _____ PERSONAL _____

VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER _____

ACCOUNT NUMBER _____ EXPIRATION DATE: _____ C.V.V. CODE _____

NAME ON CREDIT CARD: _____

ADDRESS ON CREDIT CARD STATEMENT: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY _____

AUTHORIZED SIGNATURE _____ TITLE: _____ DATE: _____

PLEASE PRINT NAME _____

I AGREE THAT CBI IS NOT RESPONSIBLE FOR DELAYS IN SHIPPING OF ORDERS DUE TO A DECLINING CREDIT/DEBIT CARD.

I HAVE AND DO HEREBY GUARANTEE PAYMENT OF SAID FIRM'S ACCOUNTS, WHEN DUE AND IN ACCORDANCE WITH THE
ABOVE AGREEMENT OF SAID FIRM, INCLUDING ANY AND ALL COSTS OF COLLECTION AND REASONABLE ATTORNEY'S FEES
WITHIN THEN (10) DAYS OF WRITTEN NOTICE.