



NEW CUSTOMER PROFILE FORM

Customer Name: _____ Customer #: _____
Billing Address: _____

A/P Contact: _____ Phone: _____
Email: _____ Fax: _____

Purchasing Contact: _____ Phone: _____
Email: _____ Fax: _____

Send Invoices to: _____ Phone: _____
Email: _____ Fax: _____

PLEASE NOTE: PAYMENT TERMS ARE NET 30 DAYS PAYMENT.

Pick-up/Ship Address: _____
(if multiple addresses use separate cover) _____

Site Contact: _____ Phone: _____
Email: _____ Fax: _____

Would you like AERC to keep your credit card on file for future purchases? Yes No

PLEASE NOTE: If yes, a credit card authorization form must be completed and submitted to AERC's A/R department. Please contact customer service or your sales representative for more information.

Contract/PO Number: _____ Not to Exceed: \$ _____

Special Pricing Information: _____

Special Instructions: _____

Corporation Partnership Individual Other: _____

Federal ID#: _____ D&B#: _____ Date: _____

Authorized Signature: _____ Title: _____

For AERC Use Only

Sales Rep #: _____ Territory: _____ D&B Rating: _____ Credit Limit: \$ _____