



Customer Information Sheet

Company name: _____ Contact Name: _____
Address: _____ Phone: (____) _____
City,ST,Zip: _____ Fax: (____) _____
Shipping Address: _____ Cell: (____) _____
City,ST,Zip: _____ E-Mail Address: _____
Low Voltage/Electrical License # _____ Business Established: _____
Resellers Permit # _____ Federal TIN: _____

What is your company's main business? _____
Purchase order numbers required? YES NO
Do you wish tax to be charged on tools? YES NO
Do you prefer your invoices/statements to E-MAILED? OR FAXED?
Is your shipping address residential? YES NO

Officers/Owners/Installers

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

Current Products Used

Manufacturer _____ Distributor _____
Manufacturer _____ Distributor _____
Manufacturer _____ Distributor _____

THIS IS NOT AN APPLICATION FOR A NET 30 ACCOUNT

Group One Terms & Conditions

- Stock items may be returned within 30 days in new condition for a 5% restock fee. Restock fee will be waived for credit on account.
- Special orders are not returnable.
- There is a \$ 35.00 charge for returned checks.
- NSF checks will cause your account to be put on a cash basis.

I certify the above information is accurate and that I have read and understood the above terms and conditions.

Signature _____ Date _____

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