



NEW CUSTOMER INFORMATION

NEW CLIENT INFO

Client Name: _____

Billing Address: _____

Phone #: _____ Fax #: _____

ACCOUNTS PAYABLE INFO

A/P Contact Name: _____

A/P Contact Email: _____

Phone #: _____ Fax #: _____

Please indicate if EMAIL is required for payment processing? Yes or No? _____

SITE LOCATION INFO

Site Name: _____

Site Address: _____

Site Contact Name: _____

Site Contact Email: _____

Phone #: _____ Fax #: _____

Please supply us with (3) three credit card references along with their phone and fax numbers on the following page.

PA STATE SALES TAX STATUS: If exempt from PA State Sales Tax, please email us a completed PA State Sales Tax Exemption Certificate. If taxable, please check the appropriate box.

- Exempt – Sending Exemption
- 6% PA State Sales Tax
- 7% PA State Sales Tax
- 8% PA State Sales Tax
- OTHER ____% _____

If you require W9 Check the Box

Our standard terms are net 30, 1.5% finance charges thereafter, subject to credit review and approval, unless otherwise specified on our proposal. If purchase order number is required on packing lists and invoices, please send with exemption and references.



HydroClean Service
DESCALE • CONDITION WATER • FILTER • MONITOR

CREDIT REFERENCES

Company Name: _____

Address: _____

Phone #: _____ Fax #: _____

Company Name: _____

Address: _____

Phone #: _____ Fax #: _____

Company Name: _____

Address: _____

Phone #: _____ Fax #: _____