



# Customer Setup Form

2046 Brown Rd.

Auburn Hills, MI 48326

**Please Send completed form to**

Fax 248.977.5236 or E-mail to sales@oxusamerica.com

DATE:			
COMPANY NAME:			
BILLING ADDRESS:			
SHIPPING ADDRESS: (Attach List for multiple locations)			
PURCHASING CONTACT: (Name/ Phone/ email)			
ACCOUNTING CONTACT: (Name/ Phone/ email)			
COMPANY PHONE:		FAX:	
TYPE OF OWNERSHIP:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Other (explain) Explanation: _____		
TYPE OF BUSINESS:	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Service <input type="checkbox"/> Other (explain) Explanation: _____		

<b>Tax Information</b>	
Federal Tax ID Number:	
Product will be resold at retail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Sales Tax Number:	Are Sales Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please provide Sales Tax Exempt Certificate

<b>Shipping Information</b>	
Preferred shipping Method	<input type="checkbox"/> Standard Ground <input type="checkbox"/> Expedited
Preferred shipping Carrier	<input type="checkbox"/> UPS <input type="checkbox"/> Fed Express
Carrier Account Number (Small Packages)	
Carrier Account Number (Freight)	

SIGN		TITLE	
NAME		DATE	

# Business Credit Application



Name of Business	Tax I.D. Number
Address:	Duns Number
City:	State: ZIP: Phone:

### Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> LLC	<input type="checkbox"/> Individual
Company Principal	Title
Address:	City State ZIP Phone
Name of Landlord	
Address:	City State ZIP Phone

### Bank References

Institution Name			
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan			
Checking Account #	Savings Account #	Loan: Number	Loan Balance:
Address:		Phone	Fax
Contact		E Mail	

### Trade References

Company Name	Company Name
Contact Name	Contact Name
Email	Email
Address	Address
Phone Fax	Phone Fax
Company Name	Company Name
Contact Name	Contact Name
Email	Email
Address	Address
Phone Fax	Phone Fax

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Title

Date