



# Customer Setup Form

175 Kay Industrial Dr.

Orion Twp., MI 48359

**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)			
MAIN CONTACT: (Name/ Phone/ Email)			
PURCHASING CONTACT: (Name/ Phone/ Email)			
ACCOUNTING CONTACT: (Name/ Phone/ Email)			
SHIPPING CONTACT: (Name/ Phone/ Email)			
CORE CONTACT: (Person to receive information regarding your core balance) (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 <b>YES</b> , please provide Sales Tax Exempt Certificate

**\*\* See next page for shipping information\*\***

<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"/> FedEx <input type="checkbox"/> Other _____
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

**Revision Control:**

<b>Revision</b>	<b>Date</b>	<b>ECO No.</b>	<b>Author</b>	<b>Change Description</b>
1	7/8/2011	50153	H. Singh	Initial Document Release.
2	11/5/2013	50557	H. Singh	Added Clarification to form and fields, updated Oxus contact information
3	3/10/2014	50594	H. Singh	Added Shipping information section
4	3/5/2015	50679	K. Stuben	Changing the Oxus address at the top of form to the current address.
5	01/27/2016	50931	A Asaro	Revised customer set up form and added business application to form
6	09/29/2020	52172	J. Woodruff	Updated Oxus Address, Fax # and Email
7	8/17/21	52499	B. Henry	Added fields for Main, Shipping & Core Contact
8	03/18/2025	32393	J. Shopp	Changed address from 2046 Brown Rd to 175 Kay Industrial. Added "other" to Preferred carrier section