



# Customer Account Application

## General Company Information

Company Name \_\_\_\_\_ Web Address \_\_\_\_\_  
Owner \_\_\_\_\_ Industry \_\_\_\_\_  
Manager \_\_\_\_\_ Years in Business \_\_\_\_\_  
Business Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation: State \_\_\_\_\_  
Taxable: ☐ YES ☐ NO If No, please provide your resale/exempt certificate.  
UBI Number \_\_\_\_\_ Dun & Bradstreet Number \_\_\_\_\_

## Bill To Information:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_  
Accounts Payable Contact \_\_\_\_\_ Title \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

## Ship To Information:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_  
Main Contact \_\_\_\_\_ Title \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

The above information is submitted for the  
sole purpose of opening an account and I  
hereby certify the information to be true.

Signature \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

**In order to process your application; We must have an authorized signature.**

### **For Office Use Only:**

Sales Rep: \_\_\_\_\_  
Date App. Sent \_\_\_\_\_  
App. Complete \_\_\_\_\_  
Date Submitted \_\_\_\_\_  
Signature \_\_\_\_\_

Accounting Dept: \_\_\_\_\_  
D&B Results \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Credit Terms \_\_\_\_\_  
Signature \_\_\_\_\_



# Commercial Credit Application

## Bank Reference:

Bank \_\_\_\_\_ Account# \_\_\_\_\_

Address \_\_\_\_\_

City/Province \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

## Trade References:

Trade Reference \_\_\_\_\_

Address \_\_\_\_\_

City/Province \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

## Trade References:

Trade Reference \_\_\_\_\_

Address \_\_\_\_\_

City/Province \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

## Trade References:

Trade Reference \_\_\_\_\_

Address \_\_\_\_\_

City/Province \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Please Fax or email completed application to: (360) 338-4921  
or Email: [sales@iwpwaterjet.com](mailto:sales@iwpwaterjet.com)



1145 85<sup>th</sup> Ave SE  
Tumwater, WA 98501  
Toll Free: 866-**302-3284**  
Fax: **338-4921**

*\*For Internal use*

Customer #: \_\_\_\_\_

QAD updated

EXC updated

## DOMESTIC CUSTOMER EXPORT COMPLIANCE **TWO-YEAR** AGREEMENT

### Customer Information:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Products: \_\_\_\_\_

End User      Re-Seller

**Customers and end users are required to comply with  
the U.S. Export Administration Regulations (15 CFR parts 730-774)  
and will not export, re-export, transfer, re-transfer, sell, re-sell or otherwise divert  
IWP (International Waterjet Parts) products contrary to U.S. export control laws.**

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

This form is to be **completed by all** Domestic Customers **every** 2 years.

Please return signed agreement via: Email or Fax

**Email: [sales@iwpwaterjet.com](mailto:sales@iwpwaterjet.com)**

Fax: 360-338-4921