



Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Customer Phone Number: \_\_\_\_\_

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

Account Setup Payment Terms

Net 15 days – Shipment(s) total less than \$1000

Net 7 days – Shipment(s) total less than \$2500 but greater than \$1000

Custom Terms – Net \_\_\_\_\_ days credit limit \$ \_\_\_\_\_

After successful payment of shipments at the terms shown above and receiving good credit information back from credit references, the credit amount and payment terms will be adjusted accordingly.

I agree to adhere to the payment terms shown above and understand that the payment terms may change at any time.

\_\_\_\_\_  
Authorized Representative Name of above stated company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Signature of above stated company

Please fax back to 586-465-4140. Phone 586-465-4243.