



New Customer Account / Credit Application Form

Account Information

Company Name

Bill To Address

Ship To Address

Buyer Name:

Tel:

Fax:

Email Address:

Web Address:

Consignee Name:

Tel:

Fax:

Email Address:

Accounts Payable Information

AP Contact:

AP Email:

Credit Line Requested:

AP Tel:

AP Fax:

Terms Requested:

Logistics/Accounting

☐ Attach Tax-Exempt Resale Cert (All US states – except [DC](#), [HI](#), [WV](#), [WY](#), [AK](#), [DE](#), [MT](#), [NH](#), [OR](#))

☐ Attach Signed W-9 Form

Tax ID #:

Duns #:

If applicable, CNPJ/CPF #:

☐ Freight Collect Freight Account #:

☐ UPS; ☐ Fedex; ☐ DHL;

Bank/Trade References

All of the below fields are required to be completed for review and establishment of terms.

1) Bank Name:		2) Company Name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Fax:		Fax:	
Account # :		E-mail:	
3) Company Name:		4) Company Name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	



Agreement

The undersigned agrees that all information submitted here is true and correct. By submitting this application, you authorize Braemac to make inquiries into the banking and business trade references that you have supplied. I understand and agree to pay freight, insurance and sales tax if the necessary information/documents above are not provided. I agree to Braemac's terms and conditions of sale:

[See full Terms and Conditions on our web site](#)

Signature Authorization

An **authentic, written signature** is **required** to authorize Braemac's request of credit history inquiries from the banking and trade references that you have provided. PLEASE DO NOT TYPE YOUR SIGNATURE.

☐ I have reviewed and agree to the above statement and to Braemac's terms and conditions of sale.

Signature: _____

Title: _____

Date: _____