



CUSTOMER PROFILE

Customer Name: _____ Customer #: _____

Billing Address: _____

A/P Contact: _____ Phone: _____

e-mail: _____ Fax: _____

Purchasing Contact: _____ Phone: _____

e-mail: _____ Fax: _____

Send Invoice to: _____ Phone: _____

e-mail: _____ Fax: _____

PLEASE NOTE: PAYMENT TERMS ARE NET 30 DAYS PAYMENT.

Pick-up/Ship Address: _____

(if multiple addresses use separate cover)

Site Contact: _____ Phone: _____

e-mail: _____ Fax: _____

Would you like to take advantage of our credit card program? Yes [] No []

PLEASE NOTE: IF YES, A CREDIT CARD AUTHORIZATION FORM MUST ACCOMPANY THIS PROFILE..

Contract/PO Number: _____ Not to Exceed: \$ _____

Special Pricing Information: _____

Special Instructions: _____

[] Corporation [] Partnership [] Individual Other: _____

Federal ID#: _____ D&B#: _____ Date: _____

Authorized Signature: _____ Title: _____

FOR SERVICE PLEASE CALL

AERC Facilities

Com-Cycle Facilities

Table with columns for location, telephone, and fax for both AERC and Com-Cycle facilities.

For Internal Use Only

Prepared by: _____ Date Prepared: _____

Sales Rep #: _____ Territory: _____ Expected Quarterly: \$ _____ 1st Order: \$ _____

D&B Rating: _____ Credit Limit: \$ _____ Approved by: _____