



**CERTOL'S REMIT ADDRESS:**

Certol International, LLC  
PO Box 9438  
Minneapolis, MN 55440-9438 USA

**PLEASE FAX COMPLETED FORM TO (303) 799-9408**

**NEW CUSTOMER INFORMATION/APPLICATION**

FOR INTERNAL USE: ACCT: \_\_\_\_\_ CATA: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

(Business or Agency Name)

Business Address:

Ship to Address:

Bill to Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Check if same as business address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Check if same as business address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purchasing Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Accounting Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sales/Marketing Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please provide website: (if available) \_\_\_\_\_

Are you? (Check all that apply)  End User  Reseller

Are you claiming tax exempt status?  Yes  No

(If you reside in Colorado, please attach a copy of your tax exemption certificate or sales tax license)

Where did you learn about our products? \_\_\_\_\_

Do you currently purchase our products from another vendor?  Yes  No

(If Yes, where?) \_\_\_\_\_

All Customers Pay Freight