ENVIRONMENTAL OFFICE SOLUTIONS NEW CUSTOMER SETUP FORM / CREDIT REQUEST

This section to be completed by EOS customer:

Company Name: _____ **FEIN or SSOC:** _____

DBA: _____ **Resale Certificate #** _____ **Issuing State:** _____

Billing Address 1: _____

Billing Address 2: _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** _____

Shipping Address 1: _____

Shipping Address 2: _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** _____

Phone : _____ **Fax:** _____ **Email:** _____

Accounts receivable contact: _____

Phone number: _____ **Email:** _____

Circle type of company: Individual/Sole Proprietor   LLC   Corporation

Officers & Principals:

Name : _____ **Title:** _____

Street Address: _____ **SSOC #:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

Name : _____ **Title:** _____

Street Address: _____ **SSOC #:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

Bank Reference:

Bank name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Account number: _____ **Contact Name:** _____ **Fax #:** _____

Trade References:

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Account number: _____ **Contact Name:** _____ **Fax #:** _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Account number: _____ **Contact Name:** _____ **Fax #:** _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Account number: _____ **Contact Name:** _____ **Fax #:** _____

The information contained herein is being provided for the purpose of obtaining an account and/or establishing credit with Environmental Office Solutions, Inc. (EOS) It is under- stood that EOS can discontinue or deny credit at any time at their discretion, and hereby authorize and direct EOS to contact the above references and further authorize their release of essential credit information for this purpose

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Vendors do NOT Complete below this line – for EOS USE ONLY

This section to be completed by EOS CycleLution team:

CycleLution account #: _____

Date created: _____ **Created by:** _____

This section to be completed by EOS accounting team:

Account created in Sage (circle one): YES / NO

Date created: _____ **Created by:** _____