



**CUSTOMER PROFILE**  
*Mirachem Corporation*  
**P.O. Box 14059 Phoenix, AZ 85063**  
**800-847-3527 602-353-1161 Fax**

This is to establish you as a customer in our system and provide us contact information so we can better serve you.

**Company Information:**

Name of Company: \_\_\_\_\_ DBA (If Applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

End User Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please select which contact receives the following information:

- Billing & Account Inquiries             Purchasing    End User    Accounts Payable *via*    Phone    Fax    Email    Mail
- Bulletins & Product Updates             Purchasing    End User    Accounts Payable *via*    Phone    Fax    Email    Mail
- Contact Information Changes & Notices    Purchasing    End User    Accounts Payable *via*    Phone    Fax    Email    Mail

If Non-Taxable, Tax Exempt Resale Number: \_\_\_\_\_

PO Required? \_\_\_ Yes \_\_\_ No    Blanket PO # \_\_\_\_\_ Expires \_\_\_\_\_

Special Shipping / Labeling Requirements: \_\_\_\_\_

Other Requirements: \_\_\_\_\_

**Purchase Profile**

\_\_\_ Product    Detail: \_\_\_\_\_

\_\_\_ Equipment    Detail: \_\_\_\_\_

\_\_\_ Service    Detail: \_\_\_\_\_



All transactions are made according to our Standard Account Terms & Conditions unless otherwise agreed upon in writing between buyer and seller.

A copy of the Standard Account Terms & Conditions can be obtained by contacting our Customer Service Department or from our website.

PRICING: All sales are made according to our published list prices, unless a special pricing program has been agreed upon between buyer and seller.

SHIPPING AND FREIGHT CHARGES: Freight charges will be calculated from the seller's point of shipment and paid by the purchaser unless otherwise specified in a special pricing program.

PAYMENT: All invoices are due and payable as per terms listed on the invoice at the remittance address indicated on the invoice.

PAST DUE ACCOUNTS: Account are past due of not paid in full by the due date. Past due accounts are subject to a Late Charge equal to 1.5% per month of the past due balance(s) and are subject to closure. Discounts applied to invoiced may be reversed on past due accounts.

BILLING INQUIRIES AND DISPUTES: Billing inquiries and disputes must be directed to seller's credit department within 30 days of invoice date. Telephone inquiries may be made, however, seller strongly recommends that disputes be made in writing.

RETURNS: All returns must be accompanied by a Return Authorization and will be made in accordance with our Warranty & Guarantee policy. A copy of our Warranty & Guarantee Policy can be obtained by contacting our Customer Service Department or from our website.

**Method of Payment**

\_\_\_ On Account \*Must fill out Credit Application.

\_\_\_ Cash / Check On Delivery

\_\_\_ Credit Card Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name (as it appears on the card) \_\_\_\_\_

By signing this application you state that you are authorized to make purchases on behalf of aforementioned company, and authorize all purchases and services to be billed to you, and authorize full payment thereof.

**\*Purchased By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*YOU MUST ATTACH A COPY OF YOUR TAX EXEMPT RESALE CERTIFICATE TO THIS PROFILE, IF APPLICABLE\***

SALES REP ID#: _____ CA COUNTY: _____ ACCOUNT NO. ASSIGNED _____
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# CUSTOMER CREDIT APPLICATION

Please FAX to: Credit Dept. 602-353-1161

This is an application for credit. All (\*) information is required in order for your application to be considered. **In addition to this form, a completed Customer Profile must be attached.** If you need assistance please call Customer Service at 800-847-3527.

### Company Information:

\*Name of Company: \_\_\_\_\_ DBA (If Applicable): \_\_\_\_\_

\*DUNS Number: \_\_\_\_\_ \*Terms Applying For: \_\_\_\_\_ \*Years in Business: \_\_\_\_\_

\*FEIN or SS# if Sole Proprietor: \_\_\_\_\_ \*Tax Exempt Resale Number: \_\_\_\_\_

\*Owner/Management Name: \_\_\_\_\_

\*Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Bank Name & Location: \_\_\_\_\_

\*Bank Telephone \_\_\_\_\_ Bank Account #: \_\_\_\_\_

### Trade References

\*Company Name/Address/Telephone: \_\_\_\_\_

\*Account Number: \_\_\_\_\_ Sold to Since: \_\_\_\_\_ Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

\*Company Name/Address/Telephone: \_\_\_\_\_

\*Account Number: \_\_\_\_\_ Sold to Since: \_\_\_\_\_ Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

\*Company Name/Address/Telephone: \_\_\_\_\_

\*Account Number: \_\_\_\_\_ Sold to Since: \_\_\_\_\_ Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

By signing this application you state that you are authorized to make purchases on behalf of aforementioned company, and authorize all purchases and services to be billed to you, and authorize full payment thereof. You further state that if all purchases and/or services are not paid in full, that you understand this account can and will be turned over to an outside collection agent on behalf of Innovative Environmental Products, Inc., at your expense, including late payment interest fees at 1.5%, and any additional fees assessed by the collection agency.

\*Authorized By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*YOU MUST ATTACH A COPY OF YOUR TAX EXEMPT RESALE CERTIFICATE TO THIS APPLICATION, IF APPLICABLE\***

APPROVED: _____	DATE: _____	TERMS: _____	CREDIT LIMIT: _____
SALES REP ID#: _____	CA COUNTY: _____	ACCOUNT NO. ASSIGNED _____	

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