



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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