



Quietside Corporation
 8750 Pioneer Blvd.
 Santa Fe Springs, CA 90670
Tel.: (562) 699-6066
Fax: (562) 699-4351

New Account Application Form

Quietside Corporation Sales Rep:		Quietside Corporation Branch <input type="checkbox"/> Santa Fe Springs <input type="checkbox"/> Carlisle <input type="checkbox"/> Dallas	
Status:	Processed by:	Account No.:	Customer notified on:

Company Information:			
Legal Name of Company:		Trading Name of Company (If Different)	
Address 1		Date of Establishment:	Company Type: (Prop, Part, LLP, LLC, Corp)
Address 2		No. of Employees	Chief Executive Officer:
City	State / Province	Web Site:	
Postal Code	Country	Telephone No.: ()	Fax No.: ()

Sales Information			
Sales Department		Sales Contact Person (Complete First & Last name)	
Address 1 (If different)		Telephone No.: ()	Extension:
Address 2		Fax No.: ()	
City	State / Province	E-Mail:	
Postal Code	Country		

Purchasing Information			
Purchasing Department		Purchasing Contact Person (Complete First & Last name)	
Address 1		Telephone No.: ()	Extension:
Address 2		Fax No.: ()	
City	State / Province	E-Mail:	
Postal Code	Country	Federal Tax No.:	State /Prov. Tax No.:

Billing Information (Invoices will be sent to this address)			
Billing Department		Accounts Payable Contact Person (Complete First & Last name)	
Address 1 (Complete if different)		Telephone No.: ()	Extension:
Address 2		Fax No.: ()	
City	State / Province	E-Mail:	
Postal Code	Country		

Export Information for Equipment Sold Outside of United States			
Customs Broker		Purchasing Contact Person (Complete First & Last name)	
Address 1		Telephone No.: ()	Extension:
Address 2		Fax No.: ()	Account No.:
City	State / Province	E-Mail:	
Postal Code	Country		

Credit Information

Banking Information			
Bank Name:		Accounts Manager (Complete First & Last name)	
Address 1		Telephone No.: ()	Extension:
Address 2		Fax No.: ()	
City	State / Province	E-Mail:	
Postal Code	Country	Account No.:	

Trade Reference			
Company		Account No.:	Monthly Credit:
Address 1		Telephone No.: ()	Contact Person:
Address 2		Fax No.: ()	
City	State / Province	E-Mail:	
Postal Code	Country	Years Trade With:	Business Type:

Trade Reference			
Company		Account No.:	Monthly Credit:
Address 1		Telephone No.: ()	Contact Person:
Address 2		Fax No.: ()	
City	State / Province	E-Mail:	
Postal Code	Country	Years Trade With:	Business Type:

Trade Reference			
Company		Account No.:	Monthly Credit:
Address 1		Telephone No.: ()	Contact Person:
Address 2		Fax No.: ()	
City	State / Province	E-Mail:	
Postal Code	Country	Years Trade With:	Business Type:

Trade Reference			
Company		Account No.:	Monthly Credit:
Address 1		Telephone No.: ()	Contact Person:
Address 2		Fax No.: ()	
City	State / Province	E-Mail:	
Postal Code	Country	Years Trade With:	Business Type:

This credit applicant named at the beginning of this application certifies that the foregoing information is true and correct, and authorizes Quietside Corporation to conduct a full credit investigation of the applicant and authorizes the release and sharing of credit and financial information to and by Quietside Corporation, and agrees to all the Terms and Conditions set forth by Quietside Corporation. The person signing below certifies that they are authorized to sign this application on behalf of the applicant and by so doing bind the applicant to the agreement and terms set forth by Quietside Corporation. "Credit availability shall be at the sole discretion of Quietside Corporation and may be terminated at any time. Should it become necessary to place the account for collection, the undersigned agrees to pay all collection costs and reasonable legal fees"

Signature of Applicants Authorized Representative	Title of Applicants Authorized Representative
Print Name	Date of Signing