



**CUSTOMER INFORMATION**

COMPANY NAME:		CONTACT NAME:		JOB TITLE:	
PHONE (MAIN):		PHONE (DIRECT):		PHONE (MOBILE):	
EMAIL ADDRESS:			WEBSITE ADDRESS:		
<b>BILLING ADDRESS (BILL TO):</b>					
CITY:		STATE:		ZIP:	
A/P CONTACT:			A/P PHONE:		
EMAIL (INVOICES):			<i>(Direct email address for invoicing is preferred.)</i>		
<b>PHYSICAL ADDRESS (SHIP TO):</b>					
CITY:		STATE:		ZIP:	
Please supply UPS and/or FedEx Account Number for return of material or check <input type="checkbox"/> if PES may dispose of material.					
UPS ACCT NO.:			FEDEX ACCT NO.:		

**REPORT DISTRIBUTION**

*Please provide contact name and email address of all person(s) to receive copies of electronic reports/certifications below.*

NAME:	EMAIL ADDRESS:

**BUSINESS/TRADE REFERENCES**

COMPANY NAME:	CITY/STATE:	EMAIL ADDRESS:	FAX:
COMPANY NAME:	CITY/STATE:	EMAIL ADDRESS:	FAX:
COMPANY NAME:	CITY/STATE:	EMAIL ADDRESS:	FAX:
DATE BUSINESS ESTABLISHED:	EXPECTED PURCHASES: \$ _____ <input type="checkbox"/> PER MONTH <input type="checkbox"/> PER YEAR		

**AGREEMENT**

*By submitting this application, you authorize PES to make inquiries into the banking and business/trade references that you have supplied. Please reach out to your trade references so they respond in a timely manner as payment terms will remain as COD until at least (2) satisfactory responses are obtained. After approval, PES standard terms are NET 30; all invoices are to be paid 30 days from date of invoice.*

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_