



CUSTOMER INFORMATION PACKET

Please print clearly and complete this form in its entirety.

Customer:

From: Lintech Customer Service Rep: _____

Phone number: 478-784-1900

Fax number: 478-784-1745

Lintech needs the information requested in this form to provide the highest quality service to your company. Please complete this form and return it to your Customer Service Representative at the fax number provided above. If you need any assistance in completing the form, please do not hesitate to contact us.

Is your company sales tax exempt: Yes No

If you answered "yes", please attach a copy of your tax exemption certificate. It is required from the Payer for the U. S. where the product is being delivered. Exceptions to this requirement will be managed on an individual basis. If the customer picks up product, we also must obtain a certificate for the State of our inventory site.

All accounts will be set up as "taxable" until required tax information is received.

Sold To (location which places the order)
Company Legal Name:
Doing Business As:
Contact person:
Street address (line 1):
Street address (line 2):
District / County:
City, State, Postal Code:
Country:
Phone Number (required):
Fax number:
Email address:



ISO 9001:2008



Global Reach *Local Touch*





Bill To (party responsible for payment)
Company Legal Name:
Doing Business As:
Contact person:
Street address (line 1):
Street address (line 2):
District / County:
City, State, Postal Code:
Country:
Phone Number (required):
Fax number:
Email address:

Ship To (Location receiving the goods)
Company Legal Name:
Doing Business As:
Contact person:
Street address (line 1):
Street address (line 2):
District / County:
City, State, Postal Code:
Country:
Phone Number (required):
Fax number:
Email address:

Ship To (Location receiving the goods) - Additional location if needed
Company Legal Name:
Doing Business As:
Contact person:
Street address (line 1):
Street address (line 2):
District / County:
City, State, Postal Code:
Country:
Phone Number (required):
Fax number:
Email address:

If more than two "Ship To" locations will be used, please make a copy of this sheet and fill out information for each location.



ISO 9001:2008



Global Reach *Local Touch*





If any person in your organization is responsible for more than one of the below listed items, you may fill out their information for the first responsibility and write "same as" for the next.

Example: If John Doe is responsible for both the Purchasing and Price Changes, fill out his information under the Purchasing Contact section and put "Same as Purchasing Contact" in the Price Changes area.

Purchasing Contact: (Person who will purchase material)
Name:
Phone number:
Fax number:
Email address:

Quality Control Contact: (Person responsible for acquiring MSDS / COA info)
Name:
Phone number:
Fax number:
Email address:

Billing / Accounts Payable Contact: (Person responsible for paying invoices)
Name:
Phone number:
Fax number:
Email address:

Price Change Contact: (Person who should receive notification of price changes)
Name:
Phone number:
Fax number:
Email address:

Invoice Contact: (Person who should receive copy of invoice)
Name:
Phone number:
Fax number:
Email address:

If you have more than one contact for any of these categories, please copy this sheet, fill out the information and attach it.



ISO 9001:2008



Global Reach *Local Touch*





Credit Application

Company Name: _____ Date: _____

Mailing Address: _____ Industry: _____

City, State, ZIP: _____ # Year in Business: _____

Other (Ship To) Address: _____

City, State, ZIP: _____
Name of Owner or Principal Shareholder, if applicable: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Sales & Use Tax Exemption Number: _____ State: _____
(Please attach Certificate)

Bank Name: _____ Account #: _____
Address: _____ Phone #: (____) _____
City, State, ZIP: _____

TRADE REFERENCES (OTHER SUPPLIERS)

- 1. _____ Phone & Fax: () _____ / _____
Address: _____
- 2. _____ Phone & Fax: () _____ / _____
Address: _____
- 3. _____ Phone & Fax: () _____ / _____
Address: _____

FINANCIAL STATEMENTS AVAILABLE:

___ 1. Are Attached ___ 2. To Follow at Later Date

Name: _____ Title: _____
(Financial Officer, or Owner)
Signature: _____



ISO 9001:2008



Global Reach *Local Touch*





TERMS AND CONDITIONS

This is an application and agreement for credit and shall apply to any and all credit extended by Lintech International. The credit applicant understands and agrees to the following terms of sale:

1. Terms of sale are net 30 days. Agents or representatives of Lintech International are not authorized to change or adjust credit terms without written authorization of management;
2. All claims against invoices must be made within 10 days after receipt of goods;
3. Goods may not be returned without prior authorization of Lintech International;
4. Goods/merchandise authorized for return will be subject to a minimum of 25% restocking charge;
5. NSF checks will be subject to a \$15.00 charge;
6. Failure to comply with these terms and conditions may result in cancellation of credit privileges without notice;
7. The information given in this application is warranted to be true and correct and given for the purpose of obtaining credit;

CONSENT TO RELEASE

8. The applicant consents to the obtaining of credit information as may be required in connection with the credit line hereby applied for or any renewal or extension thereof and to the disclosure of any trade information concerning the applicant to any credit reporting agency or to any person with whom the applicant has or proposes to have financial relations.

Company Name: _____

Signature: (Financial Officer or Owner) Name: _____

Title: _____

Signature: _____

Date: _____

This form MUST be completed and returned with your Credit Application.



ISO 9001:2008



Global Reach *Local Touch*

