

# NEW CUSTOMER ACCOUNT INFO

## Business Information Form



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### Contact Information

#### Company

Name: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(If different from shipping address)

Federal Tax ID #/State: \_\_\_\_\_

#### Primary Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Purchasing Manager/Accounting

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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### Tax Exemption

No

Yes: Resale/Exemption Certificate must be attached to this form in order for account to be setup as exempt.

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### Client Agreement

1. I agree to pay within 15 days of receipt of the invoice for the merchandise or services rendered by URIS Inc.
2. I agree to make claims against invoices within 7 working days.

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### Return Policy

1. Products returned within 30 days after delivery, will be issued either a credit note, which must be redeemed against further purchases from the Company or exchanged for suitable alternative products produced by the Company.
2. Products returned between 31-180 days from the date of delivery may only be exchanged for identical products produced by the Company (one-for-one trade).
3. Products will not be accepted for credit or exchange after 180 days from the date of purchase.

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### Your Company Authorization

I certify that the information provided in this form is accurate and fully understand the terms set forth by TruAbutment Inc.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_