



PLEASE WRITE NEAT AND LEGIBLE

Company Name: _____

Billing Address: _____

Shipping Address: _____

Tax ID # _____

Tax Exempt? YES NO (If yes, please provide documents.)

Resale certification? YES NO (If yes, please provide documents.)

Certificate of Insurance (COI) Required? YES NO (If yes, please provide sample of COI.)

D-U-N-S # _____

Authorized Purchasers on the account

First and Last Name	Phone Number	Email address	Shipping Address

Accounts Payable Contact(s)

First and Last Name	Phone Number	Email address	Fax Number

Preferred invoicing method: EMAIL FAX OR MAIL to the following:

Does your company have a preference in how orders are invoiced?

Invoice orders in full only

Partial invoices for orders

No preference

Tristate Filter Sales Representative Contact Name _____

Tristate Filter

O: (631) 803-2902
F: (631) 803-2617
16 Colt Court Ronkonkoma, NY 11779
www.tristatefilter.com



Would you like to have access to our online portal? YES NO
If yes, please continue. If no, you may skip to the next page.

Are the authorized purchasers already listed above? YES NO
If no, please fill out the below. If yes, you may skip this portion.

First and Last Name	Phone Number	Email address	Shipping Address

Please note: This document is to be used for updating your information in our system. Payment terms to remain the same. Document will not be used to obtain credit terms. All credit terms to be approved via authorized personnel.

Authorized Signature _____ Date _____

Print Name _____ Position _____

Office use only

Credit limit _____ Branch _____ Salesman _____
Ship via _____ Category _____ Keyword _____
Terms _____

Tristate Filter

O: (631) 803-2902
F: (631) 803-2617
16 Colt Court Ronkonkoma, NY 11779
www.tristatefilter.com