



1598 N. Highway 16, Denver, NC 28037
866-610-3596 Fax: 866-610-3574

NEW CUSTOMER REGISTRATION

Firm Name: _____ Purchasing contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Federal Tax ID: _____

Billing Address (if different): _____

Accounts Payable contact name: _____ Phone: _____

Fax: _____ Email: _____

Bank Reference:

Name: _____ Account #: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____

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Any payment not made within 10 days from the date of invoice shall be deemed past due. A finance charge of 1 ½% per month or the highest rate permitted by law, whichever is less, may be assessed at SPILL SOURCE, sole discretion on all past due accounts.

The terms of SPILL SOURCE, invoices shall be governed by and construed in accordance with the laws of the State of Florida.

Print Name: _____ Title: _____

Authorized Signature: _____ Date: _____