

# BEST CUTTING DIE COMPANY New Customer Application

Please return this form to Accounting@bestcuttingdie.com or fax to 847-675-5617-The completed application form is reviewed by our credit department and is held in strict confidence.

## 1. Billing Address

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

Federal Tax ID: \_\_\_\_\_ Please Provide W-9 Form \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name : \_\_\_\_\_ Email Address: \_\_\_\_\_

Is your Company Taxable-(yes or no): Yes  No   
If your company is non-taxable you MUST provide a copy of your sales tax exemption certificate.

D&B Number: \_\_\_\_\_

Is Shipping address same as billing Address: Yes  No  (please complete section 2 Delivery address if different than Billing Address)

## 2. Delivery Address

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

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

City/State/Zip Code: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## 3. Shipping Method (if no account is provided BCD will ship Prepaid and Add FEDEX or UPS)

Freight Information: \_\_\_\_\_

Preferred Carrier: \_\_\_\_\_ Account Number (If Collect) \_\_\_\_\_

Other shipping instructions: \_\_\_\_\_

## 4. Method of Invoicing and Accounts Payable Information

How would you like to receive invoices from Best Cutting Die Company: \_\_\_\_\_

By Mail : \_\_\_\_\_ By email : \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_

Accounts Payable Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 5. Credit References

Credit Line Requested: \_\_\_\_\_ Estimated Monthly Purchases: \_\_\_\_\_

Trade References: PLEASE PROVIDE THREE (3) TRADE/SUPPLIER REFERENCES INCLUDING CONTACT NAME, ADDRESS,PHONE AND FAX NUMBER

Reference 1: Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Reference 2: Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Reference 3: Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

## 6. Bank Reference

Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Beneficiary (Name on account): \_\_\_\_\_

Account Number: \_\_\_\_\_ ABA( bank is in the US): \_\_\_\_\_

Swift Code ( bank is outside of US): \_\_\_\_\_

## 7. Authorization

For the purpose of obtaining credit on an open account, I(we) hereby attest that the information above is presented accurately, and authorize the release of information to the credit department of Best Cutting Die Company .

As a New Customer, I (We) accept Best Cutting Die Company New Customer standard terms of "PAYMENT IN ADVANCE" . If granted credit, I (we) agree to pay all invoices within 30 days of the invoice date (net 30 days). Best Cutting Die Company may suspend open terms in the event of past due accounts.

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 8. BCD Approval (internal Use only)

Code SAP : C \_\_\_\_\_ Credit Level Approved: \_\_\_\_\_

Credit Approval: \_\_\_\_\_ Date: \_\_\_\_\_