



## CUSTOMER ACCOUNT CREATION FORM

**Refrigerated Transport Electronics, Inc.**

1 West Center Street, McGraw, NY 13101 USA

Phone: +1 (607) 836-8954 | Fax: +1 (607) 836-8956 | Email: sales@rte-usa.com

### How to Submit:

- 1) Print this form, write (print) information, and fax to +1 (607) 836-8956
- 2) Complete information online, save to your files, and submit via our secure website page [www.rte-usa.com/contact](http://www.rte-usa.com/contact) .

*All fields must be filled out in order to be considered for terms.*

### New Customer Setup:

New Customer Setup

New Branch Setup

Change (Reason): \_\_\_\_\_

### Company Information:

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

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

Country: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Shipping Information:** (RTE provides free return UPS shipping for domestic orders. If you would like to use your own carrier, you assume all liability. Please provide the information below **ONLY** if using your own carrier account.)

**Freight Carrier:** UPS DHL FEDEX USPS

**Account Number:** \_\_\_\_\_

### Shipping Address: *(if different from mailing)*

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

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

Country: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Billing Address: *(if different from mailing)*

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

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

Country: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Contact Information:

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

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

Email: \_\_\_\_\_ Fax: \_\_\_\_\_



Send Your Equipment To:

**Refrigerated Transport Electronics, Inc.**

1 West Center Street, McGraw, NY 13101 USA

*\*\*Please include purchase order or reference name\*\**

**PO Number Required?**      **Yes**      **No**  
**Tax Exempt?**      **Yes**      **No** (Tax exempt based on shipping destination)

**PLEASE READ:** If you indicate tax exemption, RTE will require a valid tax exemption certificate. Without this form, RTE will charge sales tax on your invoices.

**Tax ID # (or Social Security #):** \_\_\_\_\_

**Required** for open credit terms

Business Type: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Credit Line Requested: \$ \_\_\_\_\_ Federal ID# \_\_\_\_\_

### Contact Information: (Accounts Payable)

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

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

**Payment:** For customers with credit approval – RTE's payment terms are Net 30 days from the date of our invoice. Payment should be made in US dollars using a check or money order whose funds can be drawn on a US bank. RTE also accepts Visa, Master Card, American Express and Wire Transfer. Any payment made later than 30 days could result in COD terms on any subsequent orders.

**Terms of Sale:** RTE provides goods and services in exchange for payment within terms. It is the company's normal policy to extend terms of 30 days from invoice date to qualified applicants. Payment is expected at the company's designated address (specified on invoice) within 30 days of the invoice date. Thirty (30) day terms are upheld. Advance payment or any other method of payment may be required pending receipt and review of customer's credit application. It is understood and agreed that, once RTE has approved the credit application, payment may be tendered according to the assigned credit terms. RTE may take any action required in case of failure to make payment as agreed. This may include, but is not limited to, use of outside agencies or attorneys. Costs and fees incurred by outside service agencies and attorney's will be an additional liability on the part of the debtor organization.

**Statement of Joint and Several Liability:** Sole Proprietorships, Partners, Joint Ventures, Personally Held Corporations. I (We), agree that the Sole Proprietorship, Partnership, Joint Venture, or Personally Held Corporation indicated below will pay all invoices in accordance with agreed terms. All signatories for this organization agree, in the event of the failure of the organization to pay invoices as rendered, to personally reimburse RTE for all liabilities incurred.

By Signing this credit application, you are authorizing RTE to obtain credit information. Signature required.

**Name (Please Print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY:

Account Number: \_\_\_\_\_ Company Terms: \_\_\_\_\_