

ELI Customer #: _____

CUSTOMER PROFILE

Please Print

If you are responsible for accounts payable at other locations or subsidiary companies please fill out both sides of this form.

Business or Corporate Name:

Mailing Address:

Street Address:

City, State, Zip:

City, State, Zip:

Telephone Number:

Fax Number:

Indicate type of entity: <i>(Check appropriate box)</i>		Corporation	Federal ID#:
		Partnership	Federal ID#:
		Sole Proprietorship	Federal ID#:
		Individual	Federal ID#:
		Government	Federal ID#:

Have you been in business for 3 years or longer?	Yes	Exempt from Sales/Use tax?	Yes
	No		No

If Exempt from Sales/Use tax State Reason for Exemption:
(Must attach Resale or Exemption Certificate if Applicable)

PRINCIPAL OWNERS OR SHAREHOLDERS *(when applicable)*

Name:	Title:
Name:	Title:
Name:	Title:

ACCOUNTS PAYABLE

Contact Person:	Phone:
Address:	Fax:
City, State, Zip:	E-mail:
Signature/Contact:	Print Name:
Title:	Date:

Purchase Order
 Requisition
 Voucher
 Credit Card

Specific Billing Requirements or Comments:

Our terms are net 30 days. 18% per annum charged on all past due invoices

FOR ENERGY LABORATORIES, INC. OFFICE USE ONLY

APPROVED BY:	DATE:
---------------------	--------------

This form can be found on our web site www.energylab.com

CUSTOMER PROFILE

Please complete each section in detail for other locations and subsidiaries.

Business or Corporate Name:	
Contact Person:	
Mailing Address:	Street Address:
City, State, Zip:	City, State, Zip:
Telephone Number:	Fax Number:
Business or Corporate Name:	
Contact Person:	
Mailing Address:	Street Address:
City, State, Zip:	City, State, Zip:
Telephone Number:	Fax Number:
Business or Corporate Name:	
Contact Person:	
Mailing Address:	Street Address:
City, State, Zip:	City, State, Zip:
Telephone Number:	Fax Number:
Business or Corporate Name:	
Contact Person:	
Mailing Address:	Street Address:
City, State, Zip:	City, State, Zip:
Telephone Number:	Fax Number:
Business or Corporate Name:	
Contact Person:	
Mailing Address:	Street Address:
City, State, Zip:	City, State, Zip:
Telephone Number:	Fax Number: