Charm Sciences Customer Application



Name:FAX CREDIT APPLICATION T	O: 978-687-9216 OR E-MAIL TO: 0s the right to request pre-payment	• •	
Name:FAX CREDIT APPLICATION T		• •	
	Email/Fax number:		ACCOUNT #:
Name.			_ Account #:
			_ Account #:
TRADE REFERENCES			
Have Customer Service/Ad	ccounting contact me to obtain cre	edit card information: Yes	No
PAYMENT —			
Nature of Business:		Years in Business:	
Please attach Tax Exempt Ce	rtificate. If customer fails to provid	le an exemption certificate, th	e sales tax will not be refunded.
Tax Exempt: Yes	No	Certificate Number:	
State of Incorporation:		Federal Tax ID:	
TERMS NET 30 DAYS - Plea	se indicate if your company require	es purchase order numbers:	Yes No
—— All invoices will be se	nt via email. Please add sladmin	@charm.com or *@charm.co	m to your company's white list. —
D&B Number:			
Billing Contact Email:		Shipping Contact Email:	
Billing Contact:		Shipping Contact:	
Fax:		Fax:	
Phone:		Phone:	
Country: Co	ounty:	Country:	County:
State:	Zip:	State:	Zip:
City:		City:	
Address:		Address:	
Company Name:		Company Name:	
		Ship To	

By providing your credit card information you agree that if any Charm Sciences invoice is not paid when due, or a method of payment fails (such as a returned check or expired primary credit card) then Charm Sciences is authorized to charge your credit card, either directly or through its payment processors, for the full amount due on the invoice. This credit card backup procedure will allow you to receive shipments of Charm Sciences products without delays caused by late payments or failed payment methods. Charm Sciences requests that if your credit card information should change that you immediately provide Charm Sciences the updated information.

SUBMIT