

Customer Information Form

CUSTOMER INFORMATION

LEGAL NAME (AS STATED ON ARTICLES OF ORGANIZATION)		DBA		CONTACT	
PHYSICAL ADDRESS (REQ)		CITY	STATE	ZIP	CONTACT EMAIL
EQUIPMENT LOCATION IF DIFFERENT THAN PHYSICAL ADDRESS		CITY		STATE	ZIP / COUNTRY
NATURE OF BUSINESS		FEDERAL ID OR COMPANY REGISTRATION #		PHONE	
WEBSITE					
TYPE OF BUSINESS		BUSINESS START DATE		NUMBER OF EMPLOYEES	
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP <input type="checkbox"/> LLC <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> PROPRIETORSHIP		HAVE YOU BEEN IN BUSINESS FOR OVER 2 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO		GROSS ANNUAL REVENUE	

EQUIPMENT

EQUIPMENT		COST	PROPOSED TERM (MO)
LOCATION	<input type="checkbox"/> DOMESTIC <input type="checkbox"/> INTERNATIONAL	IF INTERNATIONAL, SALESPERSON / DISTRIBUTORS NAME	PHONE

BANKING AND WIRE / ACH TRANSFER INFORMATION

CUSTOMER BANKING INFO		ROUTING NUMBER	ACCOUNT NUMBER
BANK NAME			
ADDRESS		SWIFT CODE (FOR INT'L WIRE TRANSFER ONLY)	IBAN # (FOR INT'L TRANSACTIONS ONLY)

SIGNATURE ▶	_____	_____	_____
	NAME	TITLE	DATE

AQUAFY ONLY			
SIGNATURE ▶	_____	_____	_____
	NAME	TITLE	DATE