

New Customer Application Form

Company Name: _____ Company DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____ Website: _____

Type of business: *(Please circle)* Sole Proprietorship Partnership Corporation

*****Please attach copies of licenses*****

State Incorporation or Established: _____

Federal ID No.: _____ Business License No.: _____

Tax Resale No.: _____ Email Address: _____

Company Invoice/ Bill To Information:

North American Quadrant, LLC, preferred method of invoicing is via e-mail. Please provide an e-mail address that you would like to receive your invoices.

Billing Email: _____

Purchasing Contact: _____ Phone: _____

Name: _____ E-mail: _____

Please choose type of account below

COD: This account type requires payment in full any time before shipping of the order. Freight is only an estimate and subject to change.

Prepay: This account type will payment in full in order to get the order into production. Payment can be provided to customer service at the time of order or card may be kept on file for ease of processing. Freight is only an estimate and subject to change.

Net 15: This account type requires payment in full at 15 days from the invoice date. This is not contingent on the completion of the job or payment from the end user. Freight is only an estimate and subject to change. Please provide only trade references in which you hold an account with terms.

Name: _____ PH: _____ FAX: _____

Address: _____ City: _____ ZIP: _____

Account # _____ Contact person: _____ e-mail: _____

Name: _____ PH: _____ FAX: _____

Address: _____ City: _____ ZIP: _____

Account # _____ Contact person: _____ e-mail: _____

Ownership Information

Name:

Title:

Social Security No.:

Driver's Licence No.:

Address:

City:

State:

Zip Code:

Phone No.:

Name:

Title:

Social Security No.:

Driver's Licence No.:

Address:

City:

State:

Zip Code:

Phone No.:

Bank Account Information

Bank Name:

Address:

City:

State:

Zip Code:

Account No.:

Phone No.:

In order for North American Quadrant to accept checks please fill out all the above information

By signing I (We) ask that an account to opened for Myself/Company. In the event that an account is opened, I (We) agree to the following terms and conditions.

1. The terms agree upon when account was opened. COD Payment due upon receipt of goods.
Net 15 payment due 15 days from date of invoice
2. In the event that an account becomes delinquent North American Quadrant, LLC. reserves the right to charge a finance charge of 18% per year.
2. In the event to default North American Quadrant, LLC. reserves the right to cease all business with below signed individual and turn account over to collections and signer will be responsible for all additional fees.

Signature (Owner only):

Title:

Date:

Please e-mail completed and signed applications and licenses
to info@leonwf.com or finance@leonwf.com

Please note that North American Quadrant is a Limited Liability Company effective 02/08/2022
under the Taxpayer Identification Number 35-2748773.