Think Patented-NEW-final

CLIENT SERVICES REPRESENTATIVE: Page 1 of 3

**New Customer Set Up Form**

*Name of firm or individual*

*Street Address*

*City State Zip Code*

*(Area Code) - Phone No. (Area Code) - Fax No.*

Web Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hereby applies for credit in accordance with the terms and conditions of Think Patented.

***Our terms are net 30 days***

Ownership: \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Individual

Incorporated within the past twelve months? \_\_\_\_\_\_\_\_\_

*Customer Contact*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounts Payable Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of principal(s) Complete Address if different than above*

If you exempt from Ohio Sales Tax, please complete the attached Ohio Tax Exemption form

(page 3), or provide a copy of your Certificate.

**Mail/email**  Think Patented Phone: 937-353-2299

**or Fax to:** Attn: Kim Hoskins Fax: 937-254-9638

2490 CrossPointe Dr.

Miamisburg, OH 45342 Email: KHoskins@thinkpatented.com

**Bank Reference(s):**

*Bank Name Street Address, City, State & Zip Code Telephone*

*Bank Contact Name Account number \*Fax number or email Address*

**Trade References:**

*Name Street Address, City, State & Zip Code Telephone*

*Fax # or email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name Street Address, City, State & Zip Code Telephone*

*Fax # or email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name Street Address, City, State & Zip Code Telephone*

*Fax # or email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name Street Address, City, State & Zip Code Telephone*

*Fax # or email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

We certify that all the information on this form is correct. We fully understand and agree to the terms and conditions as posted on Think Patented’s website: www.thinkpatented.com/about/terms/

including proper payment terms in consideration of extending credit.

I authorize the above named references to release financial information regarding our account(s).

***Signature of Company Representative on Bank Account***

*Title*

*Date*



**Sales and Use Tax**

**Blanket Exemption Certificate**

STEC-B

Rev. 3/15/04

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

|  |
| --- |
| Think Patented |

*(vendor’s name)*

and certifies that the claim is based upon the purchaser’s proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

|  |
| --- |
|  |

***Purchaser must state a valid reason for claiming exception or exemption.***

|  |  |
| --- | --- |
|  | |
| Purchaser’s name | |
| Street address | |
| City, state, ZIP code |  |
| Signature Title | |
| *Date signed* | |
| Vendor’s license number, if any | |
| Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the “resale” exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code.  This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code. | | |