

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. |