



# NEW CUSTOMER INFORMATION SHEET

5702 OPPORTUNITY DRIVE  
 TOLEDO, OHIO 43612  
 PHONE 419-478-9086  
 FAX 419-478-4839

## BILL TO

## SHIP TO

COMPANY:		COMPANY:	
ADDRESS:		ADDRESS:	
P. O. BOX:			
CITY/STATE/ZIP:		CITY/STATE/ZIP:	
PHONE #:	FAX #:	PHONE #:	FAX #:
CONTACT NAME:		TAXABLE/NON-TAXABLE (ATTACH FORM)	
INVOICES WILL BE E-MAILED OR FAXED PLEASE PROVIDE E-MAIL ADDRESS _____		CORPORATION _____ PROPRIETORSHIP _____ LLC _____ PARTNERSHIP _____	
YEAR BUSINESS STARTED _____		NAICS Code _____	

**PAYMENT:** Payment may be made by cash, check or credit card. We accept VISA, MasterCard, American Express and Discover. Credit terms are NET 30 days.

**MOTOR FREIGHT SHIPMENTS:** Please indicate your preferred carrier: \_\_\_\_\_  
 If none indicated, freight will ship by our choice of carrier collect.

**WARRANTY:** All manufacturers' warranty policies will be honored. Defective products will be repaired or replaced at the discretion of Sentinel Fluid Controls LLC.

**SPECIAL ORDERS:** Non-stock items will be special ordered and a deposit may be required. These orders are non-returnable and non-cancelable.

**RETURN GOODS POLICY:** Authorization to return product shall be obtained from the customer service department regardless of the reason for the return. We will issue a Return Goods Authorization Number (RGA). Credit on authorized returns is subject to our inspection and a restocking charge may apply.

Company: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENTS ARE ACCEPTABLE FOR THIS PAGE**

(this page must be signed and returned)

**OFFICERS/OWNERS OF BUSINESS**

NAME	TITLE	NUMBER OF YEARS

**BANK REFERENCES**

NAME	CITY/STATE	ACCOUNT NUMBER	PHONE

**TRADE CREDIT REFERENCES**

NAME	ADDRESS/CITY/ZIP	FAX	PHONE

The undersigned hereby certifies that everything stated here is true and complete and is made for the purpose of obtaining credit with Sentinel Fluid Controls LLC. Invoices are due 30 days from invoice date as stated on each invoice. Sentinel Fluid Controls LLC. retains the right to refuse to approve any credit extensions if there is a delinquency.

Our remit to address is: **Sentinel Fluid Controls LLC.**  
**Box 3599**  
**3599 Reliable Pkwy**  
**Chicago, IL 60686-0035**

Company \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_