



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 _____	

OFFICE USE ONLY:

Requested By: _____ Customer Type: _____

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**
6516 Solution Center
Chicago, IL 60677-6005

Company _____ Signed _____ Date _____