



CUSTOMER SETUP & AGREEMENT (CSA)

Account Rep: _____

Today's Date: _____

CUSTOMER SET UP

Billing Information

Legal Name: _____

Bill to Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Shipping Information (for multiple shipping addresses please attach on separate sheet)

☐ Please check here if you do not have a commercial delivery address.

Ship to Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Type of Business/Industry: _____

We prefer to have our original invoices:

☐ E-mailed to this email: _____

☐ Faxed to the following number: _____

We prefer the following:

☐ A revolving account be set up for Net 30 day term*

☐ To pay invoices immediately by Credit Card

* Requires page 3 titled "Revolving Account Agreement" to be completed. Acceptable payment for invoices on account is EFT, Check or Cash. Credit Card payments on revolving accounts incur a 2.5% fee.

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Does your company require purchase orders:

☐ Yes

☐ No

Sales Tax Status:

☐

Nontaxable

☐

Taxable

State: _____

(If nontaxable, please complete appropriate tax exemption certificate which is available on our website)

Person(s) authorized to purchase: _____

CONTACTS

Name/Person completing this form: _____ phone _____

AP Contact:

Email order confirmation : ☐ Yes ☐ No

(AP Contact Info is Required)

Name: _____ Ph: _____ Fax: _____

Email: _____ Title: _____

Delivery Contact:

Email order confirmation : ☐ Yes ☐ No

Name: _____ Ph: _____ Fax: _____

Email: _____ Title: _____

Purchasing Contact : Email order confirmation : ☐ Yes ☐ No

Name: _____ Ph: _____ Fax: _____

Email: _____ Title: _____

Other Contact 1:

Email order confirmation : ☐ Yes ☐ No

Name: _____ Ph: _____ Fax: _____

Email: _____ Title: _____

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REVOLVING ACCOUNT AGREEMENT –

This page is required to be completed if you checked the box on page 1 requesting a revolving account

Legal Entity Name: _____

Please complete Type Of Business

☐ Corporation ☐ Partnership ☐ Proprietorship ☐ LLC ☐ Other _____

Date Business Started: _____ State of Incorporation: _____

Tax Id#: _____

- I understand that I am agreeing to accept the responsibilities of having a revolving account opened in the account name listed above.
- I understand that this is a contract to pay and a failure to pay within terms constitutes a breach of contract.
- I agree to pay all invoices within 30 days from invoice date (**NET 30**) for purchases made on this account.
- In consideration of credit being extended, I agree to pay all reasonable collection costs and attorney fees, in the event I fail to pay when due and our account is referred to an attorney, collection agency, or small claims for collection.
- I understand that I may be required to complete a Personal Guarantee for this Account. If required to do so, I understand the failure to do so will result in a revolving account denial.
- I understand and agree that a 1.5% per month service charge will be assessed to my/our account for any invoices not paid within 30 days.
- I understand and agree that there will be a \$45.00 fee for checks returned by your bank.

I have read, understand, and agree to the terms listed above.

Signature: _____ Date: _____
(Must be an officer or owner of the company)

Printed name of signature above _____

Phone: _____ Email: _____

Title: _____

* Please attach a list of credit references and Banking information to this document

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