



## New Customer Application

Business Legal Name: \_\_\_\_\_ Branch Location(s)  Yes  No

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address (if different from Physical Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

AP Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Business Opened: \_\_\_\_\_ Annual Sales: \_\_\_\_\_ Amount of Credit Requested: \_\_\_\_\_

Website Address: \_\_\_\_\_

Does your company have an Import License  Yes  No Company Tax ID Number: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Service Technicians: \_\_\_\_\_

Authorized OE Distributor?  Yes  No If Yes, What Brands? \_\_\_\_\_

What other brands do you work with? \_\_\_\_\_

How many pieces of equipment do you have? \_\_\_\_\_ Do you service your own rental equipment?  Yes  No

If Yes, who do you buy parts from? \_\_\_\_\_

If No, who does your service work? \_\_\_\_\_

Types of Industries in which your clients operate:

- |   |                                      |  |  |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Agriculture                    | <input type="checkbox"/> Mining      | <input type="checkbox"/> Bottling Plants | <input type="checkbox"/> Material Handling |
| <input type="checkbox"/> Light Const. Machinery         | <input type="checkbox"/> Harbor/Port | <input type="checkbox"/> Commercial      | <input type="checkbox"/> Sweeper/Scrubber  |
| <input type="checkbox"/> Mobile Elevating Work Platform | <input type="checkbox"/> Other       |  |  |

Type of Clients:

- |  |                                       |                                    |                                       |
|--|---------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Salesmen                    | <input type="checkbox"/> Store Chains | <input type="checkbox"/> Importers | <input type="checkbox"/> Repair Shops |
| <input type="checkbox"/> Distributors of Spare Parts |                                       |                                    |                                       |

Do you export?  Yes  No

If you do, do you export to: Sudan, Iran, Cuba, North Korea and Syria? \_\_\_\_\_

Projected sales of our products (in USD): \_\_\_\_\_ Purchases in previous year: \_\_\_\_\_

Annual Sales of New Units: \_\_\_\_\_ Annual Sales of Used Units: \_\_\_\_\_

# of Electrical Machines: \_\_\_\_\_ # of Combustion Machines: \_\_\_\_\_



**SALES TAX RULES AND REGULATIONS – RESALE CERTIFICATES**

In compliance with Sales and Use Tax Laws it is necessary that we have from all our customers a signed re-sale certificate, with their State Sales Tax Permit Number, to show that the merchandise has been purchased for re-sale. The good faith of the seller will be questioned if he has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property.

Please provide your Sales Tax Permit Number, with your signature and address and return to us at once.

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_  
 Address \_\_\_\_\_ State \_\_\_\_\_  
 \_\_\_\_\_ Zip Code \_\_\_\_\_

I, \_\_\_\_\_ have attached a copy of my sales & use tax exemption certificate.

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Print Officer Name and Title \_\_\_\_\_

Yes, please set my new account up with online access to TVH’s Information Resources Management Network (IRMN).

TVH’s Information Resources Management Network (IRMN), allows you to check stock availability, live pricing, direct order entry, order history, backorder delivery dates, images of products and more!  
 Please provide requested user information below.

Name	Title	Email address
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TO CHECK THE STATUS OF YOUR APPLICATION, SEND AN EMAIL TO: **MERCADEO@TVH.COM**

FAX APPLICATION TO **+1 (913)829-6206**