

COMPANY NAME:	DBA:	
PHYSICAL ADDRESS:	MAILING ADDRESS: (if different)	
PHONE:	FAX:	
COMPANY WEBSITE:		
DATE BUSINESS WAS ESTABLISHED:		
DESCRIBE YOUR BUSINESS:		
MEMBER OF ANY BUYING GROUP:		

New Account Information

HOW & WHERE SHOULD INVOICES AND STATEMENTS BE SENT?

RECEIVE METHOD:	MAIL	🗌 FA	X 🗌 E-MAIL
ATTENTION:			
ADDRESS (IF DIFFERENT THAN ABOVE):		PHONE:	
		FAX:	
		E-MAIL:	

WHO WILL BE SENDING US PURCHASE ORDER & HOW DO YOU WANT ORDER CONFIRMATIONS RECEIVED?

CONTACT #1		CONTACT #2		
NAME:			NAME:	
PHONE:			PHONE:	
E-MAIL:			E-MAIL:	
REC	EIVE METHOD:	MAIL	🗌 FA	X 🗌 E-MAIL

In consideration of and in order to induce emuamericas, llc to establish an account based on the foregoing application, the undersigned promises to pay emuamericas. Ilc for purchases in accordance with emuamericas' terms and conditions of sale. The undersigned also authorizes emuamericas to obtain any information considered necessary from any source whatever concerning the statements in this application. If at any time, for any reason, the undersigned is unable to pay for purchases when due, the undersigned agrees to pay and authorizes emuamericas to bill the account a 1-1/2% per month, or fraction thereof, computed on the past due balance. In the event it becomes necessary for emuamericas to incur collection costs or institute suit to collect any amount due under this agreement or any portion thereof, venue shall be in Denver County, CO unless emuamericas at its sole discretion, chooses some other forum and the undersigned promises to pay such additional collection costs, charges and expenses including reasonable attorney's fees if the account is referred to an agency or attorney for collection.

I have read and understood the above information, in addition to the enclosed terms and conditions of sale.

SIGNATURE OF AUTHORIZED OFFICER OF PRINCIPAL

PRINT NAME

TITLE

DATE

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