



## CUSTOMER REQUIREMENTS FORM

CUSTOMER NAME	CUSTOMER EMAIL ADDRESS <i>For shipping confirmation.</i>

CUSTOMER CONTACT <i>Primary contact.</i>	EMAIL ADDRESS <i>For primary contact.</i>	TELEPHONE

CUSTOMER CONTACT <i>Invoices / payment.</i>	EMAIL ADDRESS <i>For emailed invoices.</i>	TELEPHONE

BILL TO ADDRESS	SHIP TO ADDRESS <i>Write same if no change from billing.</i>
STREET:	STREET:
PO BOX:	LINE 2:
CITY:	CITY:
STATE:	STATE:
ZIP:	ZIP:
CONTACT:	ATTENTION:

<b>HOW SHOULD A BACKORDER BE HANDLED?</b>
<input type="checkbox"/> SHIP ALL ORDERS COMPLETE <input type="checkbox"/> PARTIAL SHIPMENT ACCEPTED <input type="checkbox"/> CANCEL ANY BACKORDERED ITEM <i>Our standard practice is to contact customers when an order will not be shipped complete.</i>

<b>PLEASE PROVIDE DETAILS FOR ANY SPECIAL CARTON LABELING, BILLING, OR SHIPPING REQUIREMENTS</b>

----- **THIS SECTION TO BE COMPLETED BY ABC** -----

SALES CONSULTANT	CUST TYPE	REP CODE	DATE RECEIVED	APPROVALS <i>Initials.</i>

PRICE LEVEL / SPECIAL PRICING / DATES EFFECTIVE	
CONTRACT NUMBER / DATES EFFECTIVE	
PAYMENT TERMS	
FREIGHT TERMS	
OTHER REQUIREMENTS	
CHECK OTHER FORMS RECEIVED	<input type="checkbox"/> CREDIT APPLICATION <input type="checkbox"/> RESALE CERTIFICATE <input type="checkbox"/> CREDIT CARD AUTHORIZATION FORM



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## CUSTOMER CREDIT APPLICATION

Thank you for your interest in establishing an open account with American Battery Charging (ABC). Applications for credit will be processed when accompanied by a \$2,000.00 minimum opening order.

### ACCOUNT INFORMATION

Firm Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ CA Resale #: \_\_\_\_\_  
 Date Established: \_\_\_\_\_ # Employees: \_\_\_\_\_ Business Type: \_\_\_\_\_  
 Corporation – list officers     Partnership – list partners     Proprietorship – list owners  
 Officers/Partners/Owner(s): \_\_\_\_\_  
 Accounts Payable Contact: \_\_\_\_\_  
 Accounts Payable Email Address: \_\_\_\_\_

### BANK INFORMATION

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

### CREDIT REFERENCES

Company #1: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Merchandise Purchased: \_\_\_\_\_

Company #1: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Merchandise Purchased: \_\_\_\_\_

Company #1: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Merchandise Purchased: \_\_\_\_\_

Company #1: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Merchandise Purchased: \_\_\_\_\_

The undersigned grants permission to release pertinent information to American Battery Charging regarding credit status:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



## CREDIT CARD AUTHORIZATION FORM

<b>CONTACT INFORMATION</b>	REP CODE:
COMPANY NAME:	TAX ID NUMBER:
EMAIL <i>Primary Contact</i> :	TELEPHONE <i>Primary</i> :
EMAIL <i>For Receiving Invoices</i> :	TELEPHONE <i>Accounting</i> :

<b>CARDHOLDER AGREEMENT</b>
<p>CREDIT CARD HOLDER HEREBY AUTHORIZES AMERICAN BATTERY CHARGING TO CHARGE PURCHASES TO THE CREDIT CARD ACCOUNT PROVIDED AND TO HAVE PURCHASES SHIPPED TO THE ADDRESS BELOW. CARDHOLDER AGREES TO FULL RESPONSIBILITY FOR PAYMENT OF ALL FUTURE PURCHASES AND THAT THIS AUTHORIZATION REMAINS IN EFFECT UNTIL CANCELLED IN WRITING.</p> <p>CHECK CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER</p> <p>SECURITY CODE ON CARD (3 OR 4 DIGITS) _____ EXPIRATION DATE _____</p> <p>CARD NUMBER _____</p> <p><input type="checkbox"/> CHARGE UNTIL AUTHORIZATION CANCELLED <input type="checkbox"/> CHARGE THIS PURCHASE ONLY (\$ _____)</p> <p>CARDHOLDER'S SIGNATURE _____ DATE _____</p> <p>NAME ON CREDIT CARD (PLEASE PRINT) _____</p> <p>CREDIT CARD BILLING ADDRESS _____</p> <p>_____</p> <p>BANK NAME _____ BANK TELEPHONE _____</p>

<b>SHIP TO ADDRESS</b> <input type="checkbox"/> USE ABOVE ADDRESS <input type="checkbox"/> USE ALTERNATE ADDRESS BELOW
COMPANY NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____

<b>INSTRUCTIONS</b>
COMPLETE ALL INFORMATION REQUESTED. FAX or EMAIL THIS FORM WITH CARDHOLDER SIGNATURE TO: ATTENTION: <b>Accounts Payable</b> FAX NUMBER: <b>714-896-9679</b> EMAIL: <b>ap@mce-llc.com</b> QUESTIONS? EMAIL or CALL: <b>ap@mce-llc.com/714-751-0488</b> . THANK YOU.