

# The Ligature New Customer Profile / Credit Application

*In order to expedite processing, please complete all fields (if no information, please write "N/A")*

**Routing:**  *Accounting*

**Request Type**  NEW  CHANGE  REACTIVATE  *Marketing*

**Date:** \_\_\_\_\_ **Sales Rep:** \_\_\_\_\_ **CSR:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Purchasing Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Bill To Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Ship To Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address for electronic invoice:** \_\_\_\_\_  
*If you prefer to have invoices only e-mailed, please check the box here*

**Lead Source:** \_\_\_\_\_ **Industry:** \_\_\_\_\_

### Accounts Payable Contact:

**First Name:** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Extension:** \_\_\_\_\_ **Email:** \_\_\_\_\_

PO Required  Tax Exempt (attach certificate must be dated & signed)  Storage Required

### Accounting Terms

*Please select one of the options below:*

**Net 30 Terms:**

*Please complete the attached trade & bank reference information sheets*

**Requested Credit Line:** \$ \_\_\_\_\_ -

**1st Order Amount:** \$ \_\_\_\_\_ -

**Anticipated Yearly Sales:** \$ \_\_\_\_\_ -

**Credit Card:**

*Please complete attached credit card authorization form.*

**One Time Authorization?:**

Yes  No

**Keep credit card on file for future orders?**

Yes  No

**Other:**

**Prepay**  **Will Call**

**Acceptable forms of payment:**

*Money Order*

*Personal Check*

*Business Check*

*If you need assistance completing this information, contact the accounting department at (323) 826-3474*