



## NEW CLIENT INFORMATION FORM

Company Name:

Please indicate your <b>Type of Order</b> :						
Parts/Bulk/Pre-Cut please address all PO to 80/20 LLC payments must be made to 80/20 LLC payment remittance to accountsreceivable@8020inc.com		<b>Fabrication (Carts/Racks/Workstations)</b> please address all PO to <b>Flexpipe Inc.</b> payments must be made to <b>Flexpipe Inc.</b> payment remittance to <b>ar@flexpipeinc.com</b>				
Bill To		Ship To				
Street:		Street:				
City:		City:				
State / Province:		State / Province:				
Zip / Postal Code:		Zip / Postal Code:				
Main Contact		Accounts Payable				
Name:		Name:				
Title:		Title:				
Phone + ext:		Phone + ext:				
Email:		Email:				
Invoices Email:						
Statements of Account Email:						
Payment Terms:	<b>NET 30 Days</b> ( <i>default</i> ) ( <i>other terms are subject for approval</i> )	Currency:				
D-U-N-S Number:		Credit Limit Request:				
Гуре of Business: (please specify)						

<u>!! VERY IMPORTANT NOTICE for US CLIENTS !!</u>

If you are TAX EXEMPT, please include your Tax Exemption Certificate for all the States you will be doing business in.

Tax ID / EIN:			
Tax Exempt:	YES	NO 🗌	(mandatory)

(If YES, please include CERTIFICATE or click the link below)

## https://app.certexpress.com/?c=4f3554445574382f645338674f496d6143773d3d:a4978d0013343e3f878768498f8bbc07

## TRANSPORTATION INFORMATION

Do you intend to use Flexpipe's transportation?	TES NO	
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If NO, please provide the information below:

PARCEL - less than 150 lbs		FREIGHT/LTL - more than 150 lbs		
Name:		Name:		
Account Number:		Account Number:		
Delivery Conditions:	Industrial with dock			
	Industrial WITHOUT dock			
	Residential			
	Institutional with dock			
	Institutional WITHOUT dock			

\*\* All fields are mandatory to complete your account opening. Fields left blank and missing documents may delay processing your order. \*\* Submit this form to accountopening@flexpipeinc.com together with your W9 and Tax Exemption Certificate.