

Charm Sciences Customer Application



Bill To

Company Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Country: _____ County: _____

Phone: _____

Fax: _____

Billing Contact: _____

Billing Contact Email: _____

D&B Number: _____

Nature of Business: _____

Years in Business: _____

Ship To

Company Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Country: _____ County: _____

Phone: _____

Fax: _____

Shipping Contact: _____

Shipping Contact Email: _____

Tax Exempt: Yes No

Please attach Tax Exempt Certificate. If customer fails to provide an exemption certificate, the sales tax will not be refunded.

Please indicate if your company requires purchase order numbers: Yes No

E-MAIL CUSTOMER APPLICATION TO: CustomerApp@charm.com **OR FAX TO:** 978-687-9216

Signature: _____ **Printed Name:** _____ **Date:** _____

(All invoices will be sent via email. Please add sladmin@charm.com or *@charm.com to your company's white list.)

By providing your credit card information you agree that if any Charm Sciences invoice is not paid when due, or a method of payment fails (such as a returned check or expired primary credit card) then Charm Sciences is authorized to charge your credit card, either directly or through its payment processors, for the full amount due on the invoice. This credit card backup procedure will allow you to receive shipments of Charm Sciences products without delays caused by late payments or failed payment methods. Charm Sciences requests that if your credit card information should change that you immediately provide Charm Sciences the updated information. Charm Sciences Inc. reserves the right to request pre-payment.

SUBMIT