

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.

SUBMIT