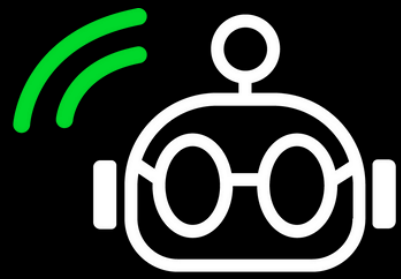


Customer Setup Form

844.AUTOHUB
300 Market St #118
Rogers, AR 72758
sales@automationhub.com



AUTOMATION HUB

Salesperson _____

Company Information

Company Name _____ Company Web Address: _____
Contact Name _____
Phone _____
Email _____

Shipping Address

Address _____
City / State _____
Zip Code _____

Send form to:
accounting@automationhub.com

Billing Address for Mail

Physical Address _____
OR PO Box _____
City & State _____
Zip Code: _____

Thank You

Accounts Payable Information

Contact Name: _____
Phone: _____
Email: _____

Preferred Method of Accounting Communications

Email: _____ Mail

Is your business tax exempt? Yes No

If YES, please prove a copy of the tax exemption certificate prior to placing an order or tax will be applied.

If NO, tax will be charged.

Terms

The first order MUST be credit card, COD or wire transfer and/or until approved on terms.

Preferred Payment Method (circle one)

Credit Card ACH/Wire COD NET Terms (detail terms) _____

Preferred Shipping Method (circle one)

UPS FedEx USPS Other _____

Please provide collect # for preferred method _____

Print Name: _____ **Date:** _____

Signature: _____