



**NEW CUSTOMER INFORMATION FORM**

Order Online at [www.precisionplus.com](http://www.precisionplus.com)

U.S. Contact 1.716.297.2039

Europe Contact +49 (0)89 94385020

Asia Contact +65 6541 3108

(1) **COMPANY NAME** \_\_\_\_\_

A. Parent Company (If Subsidiary) \_\_\_\_\_

B. Government Tax ID Number (Provide Resale Cert if applicable) \_\_\_\_\_

C. Web Address \_\_\_\_\_

D. Billing Address: \_\_\_\_\_

Country \_\_\_\_\_

E. Shipping Address: \_\_\_\_\_

Country \_\_\_\_\_

(2) **CONTACT INFORMATION**

A. Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

B. Accounts Payable:

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

(3) **BUSINESS FACTS**

**Industry**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Aerospace   | <input type="checkbox"/> Heat Treat/Metallurgical |
| <input type="checkbox"/> Auto        | <input type="checkbox"/> Pharmaceutical           |
| <input type="checkbox"/> Coating     | <input type="checkbox"/> R&D                      |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Semiconductor            |
| <input type="checkbox"/> Food        | <input type="checkbox"/> TV                       |
| <input type="checkbox"/> Gov. Lab    | <input type="checkbox"/> University               |
| <input type="checkbox"/> Lighting    | <input type="checkbox"/> Other _____              |

**Pump OEMS**

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Alcatel     | <input type="checkbox"/> Ebara      |
| <input type="checkbox"/> BOC Edwards | <input type="checkbox"/> Kinney     |
| <input type="checkbox"/> Busch       | <input type="checkbox"/> Pfeiffer   |
| <input type="checkbox"/> BOC Stokes  | <input type="checkbox"/> Welch      |
| <input type="checkbox"/> Kinney      | <input type="checkbox"/> Galileo    |
| <input type="checkbox"/> Leybold     | <input type="checkbox"/> Rietschle  |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Fish. Sci. |

**Type of Pumps**

- Wet
- Dry
- Turbo
- Diff.
- Cryo
- Scroll

**Heard of us via**

- Internet
  - Trade Fair
  - Ad
  - Referral
  - Mail/Fax
  - Other
- Referred By: \_\_\_\_\_

(4) **WILL YOU BE EXPORTING OUR GOODS TO ANOTHER COUNTRY**  YES  NO  
**IF YES - NAME, ADDRESS AND PHONE** \_\_\_\_\_

(5) **AUTHORIZATION**

We, the undersigned, understand that the products purchased from Precision Plus Vacuum Parts will only be exported from the U.S. in accordance with U.S. Department of Commerce Export Administration Regulations and may not be re-exported or diverted by the purchaser in violation of U.S. Laws.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**\*We accept Visa, MC, American Express and Cash Transfers.** To apply for terms of net 30 days with Precision Plus a separate credit application must be completed. Please allow 3-7 business days for processing.