



NEW SALES CUSTOMER INFO SHEET (required fields noted with *)

FOR THE PURPOSES OF PURCHASING FROM CINEQUIPT, I MAKE THE FOLLOWING STATEMENTS:

Business Name _____

Your Name * _____

Mailing Address * _____

City * _____ State * _____ Zip * _____

Phone (*____) * _____ Fax (____) _____ Cell (*____) * _____

Email Address * _____ Opt Out of Marketing emails

Web Site _____

Shipping Address (if different) _____

City _____ State _____ Zip _____

Are you Sales and/or Use Tax Exempt? NO YES

(We need your exemption certificate on file before we can remove the taxes from your purchase.)

How did you hear about us? _____

Credit Card Bill to Name * _____

Credit Card Bill to Address * _____

City * _____ State * _____ Zip * _____

Cardholder Telephone Number * _____

Cardholder Email Address * _____

Credit Card Number * _____ Expiration Date * ____ / ____ / ____

Credit Card Type VISA MC DISC AMEX CVV * _____

Issuing Bank * _____

By signing below, you as the credit card account holder authorize Cinequipt, Inc. to charge your credit card for orders placed with us under the listed account name according to our standard terms and conditions. No credit card information is kept on file by Cinequipt after the transaction(s) have been made.

Cardholder Signature & Date * _____

Please also provide us with a legible copy of the front & back of the credit card & the government issue ID that matches.

Revised 3/26/19			
Info Verified:	<input type="checkbox"/> _____	Entered in:	<input type="checkbox"/> ACT <input type="checkbox"/> MAS90 <input type="checkbox"/> Customer Number _____