

New Account Application



**4735 Emil St
San Antonio, Tx 78219
210-503-5224
www.cielifts.com**

**Remit To Payment:
6531 FM 78
Ste 110 #109
San Antonio, Tx 78244**

Company Name:			
Billing Address:		State & Zip Code:	
City:			
Physical Address:			
City:		State & Zip Code:	
Telephone #:		Email Address:	
FIN or SS#:		Type: <input type="checkbox"/> Corp <input type="checkbox"/> Individual <input type="checkbox"/> Partnership	
Tax Exempt #: (Certificate Required)		PO Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICERS AND CONTACT PERSONS

Officer:	Officer:
Title:	Title:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone #:	Telephone #:
Social Security #:	Social Security #:
A/P Contact:	A/P Telephone #:

TRADE REFERENCES

Company Name:	Company Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email Address:	Email Address:

I agree to payment terms of NET 30 Days from the invoice date. I understand that my account is subject to a 1.50% service fee for all invoices over 30 days. Accounts that reach 60 days will automatically be placed on C.O.D. status.

Submitted By:			
Title:			
Signature:			
Telephone #:		Date:	