



THE RETROFIT COMPANIES, INC.

3855 Highway 14 W 2960 Yorkton Blvd.
Owatonna, MN 55060 Little Canada, MN 55117
Ph: 800-795-1230 Ph: 800-274-1309
Ph: 507-455-2181 Ph: 651-766-7422
Fx: 507-455-2192 Fx: 651-766-9900

Please completely fill out, sign and return this form. If your business is tax exempt, include a copy of your exemption certificate to ensure proper billing.

NEW ACCOUNT FORM

BILLING INFORMATION

Bill To: _____

Address: _____

City _____ State: _____ ZIP: _____ County: _____

Phone: _____ Fax: _____

Website: _____

Accounts Payable Contact: _____

Phone/Ext: _____ Fax: _____

E-mail: _____

PLEASE INDICATE HOW INVOICES ARE TO BE PAID - Circle One

A) Credit Card: (VISA or MASTERCARD) Cardholder Name: _____

Account Number: _____ Expiration Date: _____

3 digit Security Code: _____ Billing Street Address & Zip Code: _____

B) Set-up Account and Pay with Company Check

Check Run Frequency: Daily Weekly Bi-Weekly Semi-Monthly Monthly Other: _____

Purchase Order Number Required: Yes No

SHIPPING & PICK-UP INFORMATION - for Recycling Pick-ups

Pick-up Address: _____

City: _____ State: _____ ZIP: _____

Driver Contact _____ Driver Contact Phone: _____

Driver Contact E-mail: _____

Alternate: _____ Alternate Phone: _____

Hours for Pick-up: _____ am/pm to _____ am/pm

Special Driver Instructions: _____

EPA ID#: _____

I certify that the information contained on this New Account Form is true and correct. I understand that such information will be held in the strictest confidence and shall not be disclosed to third parties. I understand that all invoices are due 15 days net and that finance charges will be charged on unpaid balances at 1.5% per month.

Company Name: _____

Printed Name: _____ Title: _____

Signature: _____

For Office Use Only **V8.30.07**

Territory: _____ P/S: _____