



BELT POWER, LLC
 2197 CANTON RD, STE 208, MARIETTA, GA 30066
 PLEASE RETURN VIA EMAIL REMITTO@BELTPOWER.COM

Customer Information Form

Customer Information:

Business Name: _____
Business Type: Sole Proprietorship Partnership Corporation LLC Other
Business Phone Number: _____ **Business Email Address:** _____

Primary Contact Information:

Name of Primary Contact: First Name _____ **Last Name** _____
Title: _____ **Phone Number:** _____
Email address for quotes & order acknowledgements: _____

Accounts Payable Contact Information:

Name of Primary Contact: First Name _____ **Last Name** _____
Title: _____ **Phone Number:** _____
Email Address: _____
Email Address for invoices if different: _____

Physical Business Address:

Street Address: _____
City: _____ **State/Province:** _____
Zip/Postal Code (9digit required): _____ **Country:** _____
Parent Company (if applicable): _____

Billing Information (if different from business address):

Billing Address: _____
City: _____ **State/Province:** _____
Zip/Postal Code (9digit required): _____ **Country:** _____

Additional Information:

Briefly describe your business and its main activities: _____
SIC: _____ **and or NAICS:** _____

Terms - Please select below:

Credit Card - *Credit Cards will be accepted at point of sale only* Visa, Mastercard, Discover, American Express
 When choosing credit/debit card, please complete payment authorization form
 Net 30 terms – please attach Trade References/complete next page.
 Payment via Bank Transfer to Belt Power:
 Bank Name: Pinnacle Bank Routing Number: 064008637 Account Number: 5219966
 Please attach W-9 Certificate. Appropriate sale tax, freight and handling included on the invoice. If applicable, Sales Tax-Exempt Certificate must be provided. For your convenience, use the Link below to create and send sales tax exemption certificates to Belt Power LLC. <https://tinyurl.com/Belt-Power-Tax-Exempt-Cert>
 By submitting this form, you acknowledge that you have read and agree to our company's terms and conditions <https://www.beltpower.com/legal/>.
 I agree to the terms and conditions.

Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Date: _____



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Payment Authorization Form

Please complete all form fields. You may cancel this authorization at any time by contacting us. This authorization shall remain in effect until cancelled.

Company Name: _____ Credit/Bank Card Holder Name _____
Name on the card: _____ Please do not provide the account or card number on this form.
Address: _____
Phone: _____ Email: _____

I certify that I am the owner of the credit card provided (call the Belt Power Account Manager or AR to provide the credit card information) and will not dispute the scheduled payment with my bank/credit card company, provided that the transactions match with the terms described on this authorization form.

For recurring transactions, I understand that my information will be securely (encrypted) saved to file for future transactions on my account and authorization will remain in effect until I formally request cancellation.

Completed by: _____ Date: _____ Cardholder Signature: _____

Trade References

(Name suppliers of major products and services) Name/ Address / Account Number / Phone / Fax / Email

Name: _____ Account Number _____
Address: _____
Phone: _____ Email: _____

Name: _____ Account Number _____
Address: _____
Phone: _____ Email: _____

Name: _____ Account Number _____
Address: _____
Phone: _____ Email: _____

Name: _____ Account Number _____
Address: _____
Phone: _____ Email: _____

Name: _____ Account Number _____
Address: _____
Phone: _____ Email: _____

Bank Reference: Checking Loan Savings

Name: _____ Account Number _____
Address: _____ Contact: _____
Phone: _____ Email: _____

Has the firm or any of its principals ever been bankrupt? Yes No

If yes, Explain: