

PEAK SUPPLY COMPANY, LLC

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Date: **CUSTOMER SETUP FORM** Please complete this form, include your W-9, and return to Darren Huestis; darren, huestis@peakpvf.com; Fax (406) 206-0019 1. Name of Customer: 2. Billing Address: City: State: Zip: Country Phone: _____Fax: _____ 3. Shipping Address City: State: Zip: Country County or Parish (if applicable): Phone: ______Fax: _____ E-mail: ________ 4. Order Pending?_____ If so, amount \$_____ 5. Length of time firm has been in business: ______ Number of Employees: _____ 6. How many sales people?: Peak Supply can ship freight collect or prepaid and invoice. If collect, we may need to have your UPS account number, etc. You can also include this with each order, as you place it. If there are no instructions, we will enter the orders with "prepaid and invoice" and the freight charges will be added to your invoice. 8. Bank Reference: ______ 9. Tax ID number: 10. Subject to domestic sales tax? Y / N If "N", please provide a sales tax exempt certificate 11. Credit References (at least 3)_____