



Fans, Inc.

PO Box 252
Five Points, AL 36855
1-800-688-6143 phone . 334-863-7399 fax
www.hurricanefansinc.com

Application for Business Account/ New Customer Form

Dept. or Company Name:			
Mailing Address:		City:	State: Zip:
Shipping Address:		City:	State: Zip:
Telephone:	Fax:	Web address:	
Primary Contact:	Title:	Phone:	
E-mail Address:		Website Address:	
Type of Business/Entity: Municipality <input type="checkbox"/> Non-Profit: <input type="checkbox"/> Reseller: <input type="checkbox"/> Other <input type="checkbox"/>			Years in Business:
Tax ID Number:	DUNS No.	Reseller No. (if applicable)	
<u>REQUIRED:</u> Accounts Payable Department: name:		email:	phone #:

AGREEMENT

1. All invoices are due upon delivery of equipment.
2. Claims arising from invoices must be made within seven working days

I certify that the above information is true. This information is to be used only for opening an account.

Name	Title	Date
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Please return completed form and a copy of IRS form W-9 to:

(All Distributors need to fax resellers certificate)

Hurricane Fans, Inc.
Attention: Accounting
PO Box 252
Five Points, AL 36855

Or fax to: 334-863-7399

****If customer is not a government entity, please send a copy of tax exempt certification along with application.**