

NEW CUSTOMER FORM

Macomb Sales & Service LLC
 13290 W STAR DRIVE, SHELBY TWP, MI 48315 – (586) 703-8437

Facility			Billing ☐ Check if same as facility address		
Company Name			Company Name		
Address			Address		
City	State	Zip	City	State	Zip
Contact Name	Phone		Phone	Fax	

Do you have a preferred service time within regular business hours? (may delay service response time)

☐ No ☐ Yes _____

Accounts Payable Contact	
Name	Email
Phone	Fax

Spending Limit: A quote is required for any amount above: ☐ \$500 ☐ \$750 ☐ \$1,000 ☐ N/A ☐ Other _____

Payment Terms: Invoices will be charged to the credit card on file within 1-2 business days following completion of service.
 *3.75% credit card fee will be added to invoice. Once a satisfactory credit history has been established, a credit limit may be established, and Net 30 payment terms may be extended at our discretion.

Billing Email Address: _____

Additional Email Addresses to be kept on file: _____

Credit Card Information

Card Type	Card Number
Expiration Date	CVV Code
Name on Card	Zip Code

*Macomb Facilities Solution Group will not share this information with anyone and it will be stored securely for payment
 *A \$1.00 non-refundable charge will be made to ensure the card on file is active

What is your company's tax status? ☐ Taxable on all orders ☐ Tax exempt on all orders ☐ Tax exempt on some orders

*Please note to be sales tax exempt a tax exemption certificate must be sent to info@macombfsg.com

I/We certify that the above information is true and correct. I/We agree to pay this account in accordance with the credit terms established above. I/We authorize Macomb Facility Solutions Group to charge the card on file when requested or in accordance with the terms established above.

Signature	Date
Printed Name	Title

★ By completing and submitting this form to us via email, you expressly agree to our Payment/Billing Requirements stated above. **Please note:** Submitting this form via email constitutes your full acceptance of these terms and authorizes all associated account and payment actions, **with or without a physical or digital signature.**

Please complete and email to info@macombfsg.com. You may call us directly if you have any questions regarding this document.