

Company Name

Physical Street Address

City, State, Zip

Area Code + Phone

Billing Street Address

City, State, Zip

Area Code + Phone

FEIN Number

DUNS Number (if known)

Nature of Operations

NAICS Code (if known)

Year Incorporated

Are you tax-exempt? YES NO

Accounts Payable Contact

Email

Area Code + Phone

Unless specific arrangements have been made in advance, each invoice is due and payable upon presentation
I, the undersigned officer, or agent of the applicant, am authorized to prepare and submit this application.

Signature

Date

Name

Title

Please send completed applications along with your W9 form to accounting@k2sci.com

W9 Received:

Tax-exemption Received:

Sage Customer Number: