



For AMPHENOL PCD use only

Customer #:	_____
Classification:	_____
Credit Limit:	_____
Terms:	Net 30
Salesperson:	_____
Cust. Type:	_____
Tax Code:	NT
Location:	103

CORPORATE ADDRESS

Customer Name _____
Address 1 _____
Address 2 _____
Zip Code _____ City _____ State _____
Phone _____ Fax _____

BILL TO ADDRESS		SHIP TO ADDRESS	
Name	_____	Name	_____
Address 1	_____	Address 1	_____
Address 2	_____	Address 2	_____
Country	_____	Country	_____
Zip Code	_____	Zip Code	_____
City	_____	City	_____
State	_____	State	_____
		FOB	Origin _____ Ship Via _____
		Freight Account #	_____
		Special Instructions	_____

BUYER CONTACTS			
Name	_____	Name	_____
Phone	_____	Phone	_____
Fax	_____	Fax	_____
Email	_____	Email	_____

A/R CONTACT	
Name	_____
Phone	_____
Email	_____
Fax	_____
Email address for electronic invoices & statements _____	

Please include a copy of your tax exempt certificate or resale certificate

I agree to Net 30 terms and FOB: Origin _____
signature