**Account Profile Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Required information** | **Fax Completed Form to:** | | | |  | | | | | | | | **Your Kaeser Representative:** | | | | | | | |  | | | | | |
|  | Company Legal Name | | |  | | | | | | | | | | | | | | | Telephone # | |  | | | | | |
|  | Dba (if applicable) | | |  | | | | | | | | | | | | | | | Fax # | |  | | | | | |
|  | Physical Address | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Mailing Address | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | County of physical address: | | | | |  | | | | | | | | | Physical address located within city limits? | | | | | | | | | Yes | | No |
|  | Tax Exempt Status | | Taxable | | | | | | Exempt (Please attach tax exemption certificate) | | | | | | | | | | | | | | | | | |
|  | Are you able to receive electronic invoices? | | | | | | | | | | Yes, Email: | | | |  | | | | | | | | | | | No |
|  | Is a purchase order number required on all invoices?  Yes  No | | | | | | | | | | | | | | | | | # of Employees | | |  | | | | | |
|  | Please Check Applicable Boxes | | | | | | |  | | Corporation | |  | Partnership | | |  | Proprietorship | | |  | | LLC |  | |  | |
|  | Federal Tax I.D. Number | | | | | |  | | | | | | | | | | | | **Are you an OEM?  Yes  No** | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If reference sheet is attached, proceed to signature fields. If reference sheet is not attached, complete all fields.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of President/Partner/Owner | | | | | | |  | | | | | | | | | | | | Telephone # | |  | | | | | |
| Other Officer/Partner | | | |  | | | | | | | | | | | | | | | Telephone # | |  | | | | | |
| Current D & B Rating | | | |  | | | | | | | | | | | | | | | Duns No. | |  | | | | | |
| Primary Banking Reference | | | | | | |  | | | | | | | | | | | | Acct # | |  | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | Telephone # | |  | | | | | |
|  | |  | | | | | | | | | | | | | | | | | Fax # | |  | | | | | |
| Major Trade References: **Please provide email address (preferred) or fax #** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Name: |  | | Phone: |  | Email: |  | | Address: | |  | | | Fax #: |  | | Name: |  | | Phone: |  | Email: |  | | Address: | |  | | | Fax #: |  | | Name: |  | | Phone: |  | Email: |  | | Address: | |  | | | Fax #: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby authorize Kaeser Compressors, Inc. to contact the above establishments for the purpose of determining our payment practice. An electronic signature or a fax/email copy of this Account Profile Form will be considered the original.  **Required**  Terms and Conditions of Sale and Use and Terms and Conditions of Service are readily available and can be found at [www.us.kaeser.com/terms](http://www.us.kaeser.com/terms). I certify that I have read and accept these terms and conditions of sale and service which will govern all orders placed with Kaeser unless a written letter of authority is received at the below address to the attention of Contract Management prior to any order placement. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | | | | | |
| Name & Title of Authorized Agent | | | | | | | | | | | | |  | Signature/Date | | | | | | | | | | | | |
| (Please type or print clearly) | | | | | | | | | | | | | | | | | | | | | | | | | | |