**Account Profile Form**

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| **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 #** |
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| --- | --- | --- | --- | --- | --- |
| Name: |       | Phone: |       | Email: |       |
| Address:  |       | Fax #: |       |
| Name: |       | Phone: |       | Email: |       |
| Address:  |       | Fax #: |       |
| Name: |       | Phone: |       | Email: |       |
| Address:  |       | Fax #: |       |

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| 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) |