



616-534-8651

www.cisco-inc.com

Cisco Inc.

4565 Herman St. SW

Grand Rapids, MI 49509

BUSINESS PARTNER ACCOUNT SET-UP

Please complete and e-mail to service@cisco-inc.com with supporting documents - Thanks!

Name of Firm: _____ Corp Partnership LLC S-corp

Years in Business: _____

Name of Owner(s): _____ EIN: _____

Bill to: _____ Ship to: _____

Bill to Contact: _____ Ship to Contact: _____

Phone Number: _____ Phone Number: _____

Fax Number: _____ Fax Number: _____

Our standard terms are NET 15 Days; I believe our firm is financially able to pay for all materials according to these terms. Please initial: _____

If requesting credit other than our standard terms, please indicate your requested terms: _____

Is your business tax-exempt? Yes | No

Do you require Purchase Orders? Yes | No

Name of Bank: _____ Bank Contact | E-mail: _____

Please provide and authorize Cisco Inc. to contact the following credit references.

Please initial: _____ Name | Address | Phone | Fax | E-mail

1 _____

2 _____

3 _____

Please include these supporting documents: Tax-exempt form (if eligible)

Current W-9

Completed by (print): _____ Signature _____

Title: _____ Date: _____