



Customer Form

Thank you very much for choosing Legacy Components. We require the below information for order processing. We appreciate your help in completing this form and returning as soon as possible to expedite your order. Your prompt attention will allow us to setup your account in the fastest way possible.

| | | | |
|-----------------|--|--|--|
| DATE: | DUNS NUMBER: | **TAX EXEMPT CERTIFICATE REQUIRED. PLEASE INCLUDE IT WHEN RETURNING THIS FORM TO AVOID BEING CHARGED SALES TAX. (DOMESTIC ONLY)** | |
| | TAX ID: | RESALE CERT # | |
| BUSINESS NATURE | <input type="checkbox"/> AEROSPACE <input type="checkbox"/> AVIATION <input type="checkbox"/> MILITARY <input type="checkbox"/> AUTOMOTIVE <input type="checkbox"/> MEDICAL <input type="checkbox"/> _____ | | |

| *BILL TO* | | | | | | | | |
|--|--|-------|--|-----------|--|--------------------------------|------------------------------|-------------------------------|
| COMPANY NAME | | | | | | | | |
| BILLING ADDRESS | | | | | | | | |
| CITY | | STATE | | ZIP | | COUNTRY | | |
| A/P CONTACT NAME | | | | A/P EMAIL | | | | |
| A/P PHONE | | | | A/P FAX | | | | |
| IT IS LEGACY'S POLICY TO EMAIL ALL INVOICES. IF YOU WOULD PREFER AN ALTERNATE METHOD PLEASE CHECK BOX. | | | | | | EMAIL <input type="checkbox"/> | FAX <input type="checkbox"/> | MAIL <input type="checkbox"/> |

| SHIPPING PREFERENCE | | | |
|--|----------------|---|--|
| PREFERRED CARRIER | ACCOUNT NUMBER | FREIGHT COLLECT / PREPAY & ADD (CHOOSE ONE) | INSURE SHIPMENTS? (IF YOU OPT OUT YOU MUST PROVIDE INSURANCE BINDER) |
| | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| DO WE HAVE YOUR AUTHORIZATION TO USE THIS ACCOUNT FOR ALL ORDERS UNLESS OTHERWISE SPECIFIED ON YOUR P.O.? | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| SPECIAL INSTRUCTIONS: | | | |

| FREIGHT INSURANCE DECLARATION | |
|---|--|
| I, the undersigned, as an authorized representative of the below mentioned company do hereby certify that we | |
| <input type="checkbox"/> Do not carry freight insurance. I understand and acknowledge that all shipments from Legacy Components shall be <u>insured</u> for the full cost of goods, through the chosen freight carrier at our expense. | |
| <input type="checkbox"/> Do not carry freight insurance. I hereby declare that all shipments from Legacy Components shall be shipped <u>uninsured</u> . | |
| <input type="checkbox"/> Do carry freight insurance. Please ship <u>insured</u> on our account. A copy of our insurance binder is attached. | |
| I certify that Legacy Components is released of any and all liability while goods are in transit to my company or to any address that I specify by the chosen freight carrier once it leaves Legacy Components shipping dock. Further, we accept full responsibility and will remit payment in full to Legacy Components in accordance to our credit terms. We understand that it is solely our responsibility to seek reimbursement from our insurance company with the chosen freight carrier. This practice will remain in effect until such time as proof of self-insurance is provided to Legacy Components in the form of a freight insurance binder or policy. | |

| AUTHORIZED SIGNATURE | | | |
|-----------------------|--|--------|--|
| AUTHORIZED SIGNATURE: | | TITLE: | |
| PRINT NAME: | | DATE: | |

Please return this form to along with your RESALE CERT: Your Account Executive or ATTN: Credit Dept. by Fax 813-354-3525 or Email credit@buygoodparts.com
****If you would like to apply for Net 30 terms, please request our credit app or attach your Bank & Trades****

| INTERNAL OFFICE USE ONLY | | | |
|--------------------------|--|--------------|--|
| APPROVAL DATE | | APPROVED BY | |
| TERMS | | CREDIT LIMIT | |