



Rep Initials _____

NEW CUSTOMER Application Form

You must complete and return this form to be considered for a Cometic Gasket account.
Until we have this application on file, you will continue to be charged retail.
Companies in Ohio **must** include a Tax Exemption form or pay tax.

Company Name _____

Address _____ Suite/Bldg No. _____

City _____ State _____ Zip code _____

Business Phone (____) _____ Business Fax (____) _____

E-Mail Address _____

*Resale/Vendors License No. or Federal Tax ID No. _____

Circle one that applies:

- *Cycle Dealer *Cycle Dist. *Automotive Jobber *Automotive Dist.
- Buy in required Buy in required

Owner's Name _____ Home Phone (____) _____

Your Bank (name and address) _____

Date your business was established _____

Terms

Visa and MasterCard accepted for payment

Cardholder Name (as appears on card) _____

Account No. _____ Exp. Date _____

CVV2 No. (last 3-digits located on the signature line on the back of the card) _____

Billing Street Address & Zip Code _____

Fax or mail completed form with requested documentation to:
Cometic Gasket, Inc. PH (440) 354-0777
8090 Auburn Road FX (440) 354-0350
Concord, OH 44077