COMETIC GASKET
www.cometic.com

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. Buy in required *Automotive Jobber *Automotive Dist. 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.
8090 Auburn Road
Concord, OH 44077

PH (440) 354-0777
FX (440) 354-0350