

LaptopBatteryExpress.com
APPLICATION FOR A BUSINESS ACCOUNT

Please sign and Return to fax # 888-368-8560

BUSINESS CONTACT INFORMATION

Legal Company name:

Your Name:

| Title:

Phone:

Fax:

Your E-mail:

Company address:

City:

State:

ZIP Code:

Tax Exempt #

| D & B #

| EIN #

Sole proprietorship:

Partnership:

Corporation:

Public:

ADDITIONAL BUSINESS INFORMATION

Your business invoice address:

City:

State:

ZIP Code:

Internet address / URL www.

Phone:

Fax:

E-mail:

Your Business Ship to address (if different)

Address:

Phone:

City:

State:

ZIP Code:

Contact information

A/P contact name:

|Phone:

Purchasing contact name:

|Phone:

IT contact name:

|email:

ABOUT YOUR ORGANIZATION

of notebook computers in your company:

How many notebook brands currently supported:

Current laptop standard:

Qty in fleet:

Avg laptop age:

Model #:

Leased or bought:

Laptop Refresh cycle: 2 yr 3yr 4 yr other

Estimated new laptop purchases next 12 months:

Estimated replacement laptop battery purchases next 12 months:

Estimated ac power adapter purchases next 12 months:

Previous laptop standard:

Qty in fleet:

Avg laptop age:

Model #:

Leased or bought:

Expected retirement date:

Other laptop models in your fleet:

% of laptop users in sales:

| Management

| Technical

Key things you look for in a supplier:

Do you have a preferred supplier for laptop batteries?

Who? :

of IT Help Desk Staff:

Comments:

AGREEMENT

1. All invoices are to be paid by credit card or 30 days from the date of the invoice if a government agency.
2. If credit is extended, I agree to pay all debts incurred according to LaptopBatteryExpress.com terms. I further agree to pay reasonably collection and attorney's fees incurred in collections with this account. Late balances are subject to 1.5% monthly late fees, where applicable by law.
3. Attach a sales tax exemption or direct pay sales tax permit for all ship to states.

SIGNATURES

Title:

Date:

Title:

Date: