Portable Technology Solutions, LLC
221 David Court
Calverton, NY 11933
PH: 1-877-640-4152, FX: 1-501-421-5085
Email: accounting@clearstreamrfid.com
Website: www.clearstreamrfid.com

Customer Establishment Form

1. Contact Information *REQUIRED*			
Full Legal Name/ Business Entity		Ph:	Fx:
Doing Business (DBA)			
Billing Address	City	State	Zip
Accounting Department Contact:			
Accounting Department Phone #			
Accounting Department E-Mail:			
Website Address:			

2. Bank Reference			
Bank:	Account #:	Contact	
Address		City:	
State:	Zip:	Ph:	Fx:

3. Trade References			
Company Name:		Contact:	
Address:		City:	
State:	Zip:	Ph:	Fx:
Company Name:		Contact:	
Address:		City:	
State:	Zip:	Ph:	Fx:
Company Name:		Contact:	
Address:		City:	
State:	Zip:	Ph:	Fx:

4. Company Information - * REQUIRED *		
Company Type:* Proprietorship ☐ Partnership ☐ Franchise ☐ Corporation ☐ Other:		
No. of Employees*:	Year Established*:	Annual Revenue*:
Federal Tax ID:*		
State of Incorporation:*		

To establish Net 30 Terms, please complete form in its entirety. *Please Note* Credit Card Payments will incur an Additional Fee.

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

Authorized Signature/Title:	Date: