



Gage Crib Worldwide, Inc.

THREAD GAGES: New • Used • Calibration • Repair

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NET 30 ACCOUNT SETUP FORM

CUSTOMER P.O. NUMBER: _____ DATE: _____

Sales Rep:				COMPANY NAME & ADDRESS:		
Customer Name:						
Phone:			Ext:			
Fax & Email:						
(if different than company address) SHIP TO NAME & ADDRESS:				(if different than ship to address) BILL TO NAME & ADDRESS*:		
CERTIFICATION OPTIONS:						
Long Form Certification		Certificate of Conformance		ISO 17025		
				Other:		
Shipping Information:		UPS#	FedEx#	Federal Tax ID#		
Confirm To 1:	Name:		Email:		Phone:	
Confirm To 2:	Name:		Email:		Phone:	
Confirm To 3:	Name:		Email:		Phone:	
Invoice To:	Name:		Email:		Phone:	
Accounts Payable Information:	Name:		Email:		Phone:	
Dun & Bradstreet Number (Used as your account number):						

*It is Gage Crib's practice to email all invoices. Physical invoices mailed upon special request.