

**New Customer / Change of Information registration form**

Welcome to AMED-US, All Motors & Equipment Direct

Please fill out the form below to register as a new client, or change previous information.

Company Information

1. Company Name:

\_\_\_\_\_

2. Company Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

3. Company Website:

\_\_\_\_\_

4. Industry/Sector:

\_\_\_\_\_

5. SALES TAX Certificate number for Florida business only

\_\_\_\_\_

Contact Information

1. Primary Contact Person:

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Accounts payable contact person:

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Details

1. Type of Business:

Manufacturer

Distributor

Retailer

Other: \_\_\_\_\_

2. Do you have any specific requirements or notes?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Required Forms and Instructions

1. Credit Card Authorization Form: If you choose to pay with a credit card, complete this form. You can also use it to make future payments.
2. ACH Wire Instructions: This information is for you to pay us directly to our bank.
3. W-9: Attached is our W-9 for your records.
4. Resale Certificate: We will require a copy of your sales tax certificate if you do not wish to be charged sales tax. (Florida businesses only)
5. Please Email documents to: [cservice@amed-us.com](mailto:cservice@amed-us.com)

Once we receive all of the information from you, we will process your order.

## Terms and Conditions

### 1. Agreement to Terms:

By submitting this form, you agree to our terms and conditions.

I agree to the terms and conditions.

## Thank you for registering with AMED-U

For Internal Use Only:

Client ID: \_\_\_\_\_

Date Registered: \_\_\_\_\_

Assigned Representative: \_\_\_\_\_