



Customer Setup Form

Thank you for your interest in Kamo Manufacturing Inc. To set you up as a customer in our system, please complete the information below. Forms can be sent to accounting@kamo.com.

Billing Address:	
Company Name	
Street	County
City, State, Zip	
	Email
Shipping Address (if differe	from billing):
Company Name	
Street	City, State, Zip
Phone	Email
exemption certificate.	
Form of Business:	
Proprietorship Partners	p Corporation Other
Owner's Name	
Tax ID Number	
Company Contact	Phone
Accounts Payable Contact_	Phone
If you would prefer to receive	invoices via email, please provide email address:
Email address	

interest for late payments in the monthly am due date based on the payment terms of the	avoice date. Applicant agrees to pay Kamo default ount of 1.5% of any invoice balance not paid by the account and all costs of collection, including court and any other expenses incurred on the behalf of
Authorized Signature	Date
Printed Name/Title	