

6596 Commerce Dr . Westland, MI 48185 Phone (800) 521-9800 Fax (734) 595-9955

**NEW ACCOUNT CONTACT SHEET**

Management Company \_\_\_\_\_

Property Name \_\_\_\_\_

Property Code (if applicable) \_\_\_\_\_

Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

E-Mail \_\_\_\_\_

**PROPERTY CONTACTS**

Property Manager \_\_\_\_\_

Office Phone# \_\_\_\_\_

E-Mail \_\_\_\_\_

Office Fax# \_\_\_\_\_

Maintenance Mgr. \_\_\_\_\_

Cell# \_\_\_\_\_

**BILL TO ADDRESS**

**SHIP TO ADDRESS**

Name \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Accounts Payable billing email address: \_\_\_\_\_

**Are Purchase Orders Required.**  Yes  No

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**CORPORATE CONTACTS**

Accounts Payable Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Fax# \_\_\_\_\_

E-Mail \_\_\_\_\_

Regional Manager \_\_\_\_\_

Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Fax# \_\_\_\_\_

E-Mail \_\_\_\_\_

**Payment Terms: Net 30 days. - 1.5% interest per month on past due balance.**

The undersigned hereby consents to personal jurisdiction in the State of Michigan, for the purpose of ligating any claims, disputed or other controversies related to any and all future business and/or contracts express or implied with Artic Window Replacements Industries LLC and/or the principal owners of such company. The venue for any lawsuit, arbitration or other legal proceeding to litigate any claims, disputes or other controversies between the undersigned and Artic Window Replacement Industries LLC shall be (A) IN THE 18<sup>TH</sup> JUDICIAL DISTRICT COURT FOR THE CITY OF WESTLAND, STATE OF MICHIGAN or (B) 3<sup>RD</sup> JUDICIAL CIRCUIT COURT FOR THE COUNTY OF WAYNE, DETROIT, MICHIGAN. Jurisdiction will be determined by jurisdictional monetary requirements. Additionally, any contract express or implied shall be governed by and construed under the laws of the State of Michigan, without regard to its conflict of Law Principles.

By signing this New Account Contact Sheet, the undersigned states that he/she has authority to bind and does hereby bind the above stated Company to all the terms.

\_\_\_\_\_  
Authorized Signature (Required)

\_\_\_\_\_  
Date (Required)

\_\_\_\_\_  
Authorized Name (Required)

\_\_\_\_\_  
Title (Required)