Silico Systems values your business & appreciates your help in completing our account profile. Please complete this form & return it to your Silico representative so we may setup your account as quickly as possible.

Please return this form to credit@silico.com

Date:	Account Executive:

DUNS #		
Tax ID		Tax Exempt Certificate Required.
Resale Cert #		Resale Certificate Required.

Business Name		Main Address	
City, State		Zip Code, Country	
Main Phone #		Main Fax #	
Main Email Address		Website Address	
BILL TO IF DIFFERENT FROM ABOVE			
Business Name		Billing Address	
City, State		Zip Code, Country	
Accounts Payable Phone #		Accounts Payable Fax #	
Accounts Payable Contact		Accounts Payable Email	

Business Structure: ☐ Corporation ☐ Public ☐ Private ☐ Partnership ☐ Sole Proprietorship			
Business Start Date		Type of Business	
Small Business Classification: ☐ No ☐ Yes / Type:		Primary End Products	
Number of Employees		Facility Size (sq.ft.)	
Nature of Business: ☐ Aerospace ☐ Military ☐ Aviation ☐ Industrial ☐ Commercial ☐ Other			
Cage Code		NAICS		SIC	

Company Contacts *Required	Title	Phone #	Email Address
	*Owner / CEO		
	*Finance Mgr.		
	*Accounts Payable		
	*Purchasing		

* If you are applying for Net Terms, please complete the below section or attach your Bank & Trade Credit Sheet.*

(Please make sure to sign the credit check authorization below)

Trade References

Vendor Name	Phone #	Fax #	Contact	Email

Bank References

Bank Name	Phone #	Fax #	Account #	Contact

I, _____ , hereby authorize the above creditors and bank reference to release account information to Silico Systems, LLC.

Signature	Printed Name	Title	Date

SHIPPING PREFERENCE			
Preferred Carrier	**Account #**	**Freight Collect / Prepay & Add (choose one)**	**Insure Shipments?** (If no, please provide insurance Binder)
			☐ **Yes** ☐ **No**
Do we have your authorization to use this account for all orders unless otherwise specified on your PO?			☐ **Yes** ☐ **No**
Special Instructions			

Freight Insurance Declaration

I, the undersigned, as an authorized representative of the below mentioned company do hereby certify that we:

☐ **Do not carry freight insurance. Please ship** underlined uninsured **on our account. A copy of our insurance binder is attached.**

☐ **Do not carry freight insurance. I understand and acknowledge that all shipments from Silico Systems, LLC shall be insured for the full cost of goods, through the chosen freight carrier at our expense**

☐ **Do not carry freight insurance. I hereby declare that all shipments from Silico Systems, LLC shall be shipped uninsured.**

I certify that Silico Systems, LLC is released of any & all liability while goods are in transit to my company or to any address that I specify by the chosen freight carrier once it leaves Silico Systems LLC's shipping dock. Further, we accept full responsibility and will remit payment to Silico Systems, LLC in accordance to our credit terms. We understand that it is solely our responsibility to seek reimbursement from our insurance company with the chosen freight carrier. This practice will remain in effect until such time as proof of self-insurance is provided to Silico Systems, LLC in the form of a freight insurance binder or policy.
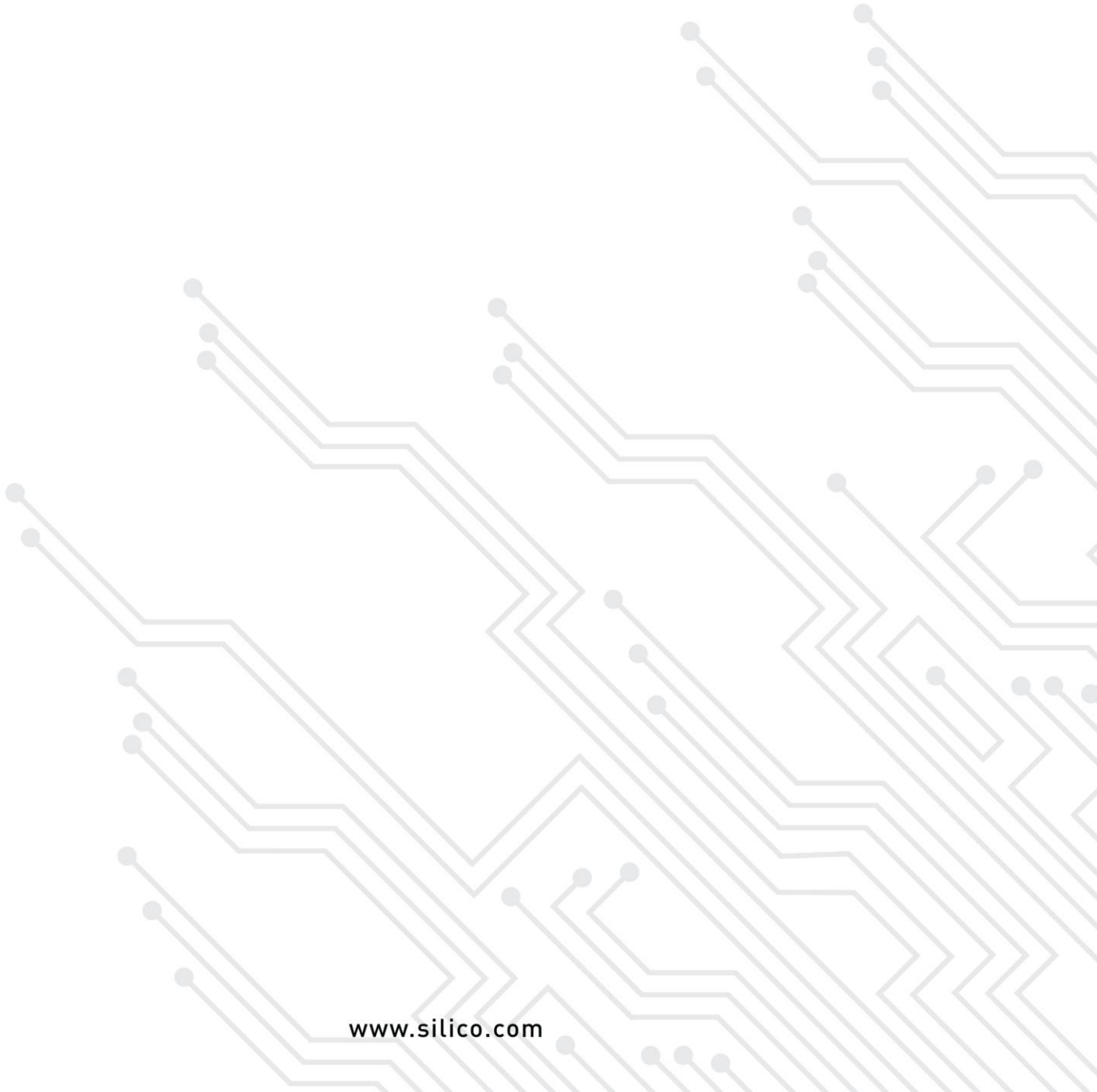
Authorized Signature	Print Name	Title	Company Name	Date