



Account Request Form

INTERNAL USE ONLY:
SUPPORTING DOCUMENT(S) PROVIDED

W-8 W-9 NONE

COMPANY NAME

DBA COMPANY NAME (Same as W-9)

FEDERAL EMPLOYER IDENTIFICATION NO.

-

TAX EXEMPTION STATUS*

Is your company tax exempt?

YES

NO

*INDICATES REQUIRED FIELD

PLEASE CHECK ALL STATES ELIGIBLE FOR TAX EXEMPTION (If applicable)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AL	AK	AR	CA	CO	CT	DE	*FL	*GA	HI	ID	*IL	IN	IA	KS	KY	LA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ME	*MD	*MA	MI	MN	MS	MO	MT	NE	NV	NH	*NJ	NM	*NY	*NC	ND	*OH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OK	OR	*PA	RI	*SC	SD	*TN	TX	UT	VT	*VA	WA	WV	WI	WY		

TERMS REQUESTED (Please select one option)*

NET DUE

NET 30

OTHER

(Please specify) _____

Billing Information

NAME

PHONE NUMBER

PAYMENT METHOD*

STREET ADDRESS

CITY

STATE

ZIP CODE

PRIMARY EMAIL

e-BILLING EMAIL (if different than primary email address above)

Shipping Information

PLEASE CHECK IF APPLICABLE: I authorize RMS Omega to use a carrier of their choice and add the shipping cost to my invoice.

Please indicate if you prefer to pre-pay and add shipping to your invoice. Or, enter your preferred carrier information below.

CARRIER

CARRIER ACCOUNT NO.

BROKER NO.

THIS ACCOUNT MAY REQUIRE THE FOLLOWING SHIPMENT TYPES (Check all that apply)

SPECIFY ADDITIONAL SHIPPING INSTRUCTIONS (Optional)

INTERNATIONAL SHIPMENTS

FREIGHT SHIPMENTS

OTHER

(Please specify) _____

Requester Information (if different than account billing point of contact above)

NAME

JOB TITLE

EMAIL

STREET ADDRESS

CITY

STATE

ZIP CODE

I WOULD LIKE TO SUBMIT A REQUEST FOR RMS OMEGA DOCUMENTATION (check all that apply)

W-9

CERTIFICATE OF INSURANCE

Acknowledgement

I hereby acknowledge that the information provided above is accurate to the best of my knowledge. I understand RMS Omega Technologies Group, Inc requires a purchase order or signed quote to process orders. Additionally, I understand the Customer is responsible for ALL CUSTOMS DUTY AND/OR VAT IMPOSED ON SHIPMENTS.

REQUESTER INITIALS



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HOW DID YOU HEAR ABOUT RMS OMEGA?

WHO IS YOUR RMS OMEGA ACCOUNT REPRESENTATIVE?

Thank You!

Thank you for choosing to do business with RMS Omega Technologies.

At RMS Omega, our team of specialists have extensive experience developing strategic tracking and automation tools for healthcare, manufacturing, the supply chain, and field service industries. We design, deploy, manage, and service barcode, RFID, RTLS, mobile and wireless technology solutions to empower organizations of all sizes to ultimately improve outcomes. Don't forget to ask us about your next technology project. We have a vast network of hardware and software partners, and we're happy to help!

Visit us online at rmsomega.com.