

**RASMUSSEN IRON WORKS, INC.****Rasmussen Gas Logs/Solaire Infrared Grills**

12028 Philadelphia Street, Whittier, CA 90601

(562) 696-8718

Fax (562) 698-3510

E-mail: info@rasmussen.biz

www.rasmussen.biz

Customer Information Sheet

Company Legal Name (Include correct punctuation)		Date of Ownership	
Company DBA or Trade Name			
Billing Address/Main Physical Location			
City/State/Zip Code		County	(Area Code) Phone Number
Shipping Address (Attach list of additional locations)		City/State/Zip Code	(Area Code) Fax Number
Billing Email Address	Purchasing Email Address	Preferred Billing Method (circle one): Email Fax	
Website Address		Primary Contact	
Circle One: Sole Proprietorship Partnership LLC Sub S Corporation Corporation Other: _____			
Incorporation Date	Incorporation State	California Resale No. (if any)	Federal ID No.
Primary Business Activity/Product Lines Carried		Propose to purchase Gas Logs: Yes No	Propose to purchase Solaire Grills: Yes No
(1) Name of Principal, Partner or Officer/Title		Social Security No.	Percentage Owned
Address		City/State/Zip Code	
Spouse's Name		(Area Code) Phone Number	
(2) Name of Principal, Partner or Officer/Title		Social Security No.	Percentage Owned
Address		City/State/Zip Code	
Spouse's Name		(Area Code) Phone Number	
Bank		Branch	
Address		City/State/Zip Code	
(Area Code) Phone Number		Contact	

We/I hereby warrant that the information on this form is true, accurate and complete. We/I promise to provide Rasmussen with complete and updated information as soon as that information is known. We/I promise to pay for all purchases in accordance with Rasmussen's terms of sale as indicated on each invoice and in the dealer/distributor policies. If at any time, for any reason, we are/I am unable to pay for any purchases when due, we/I agree to pay service charges at the rate of 1½% per month (18% annual rate) on any past due amount owing on my account. In the event collection proceedings are necessary, we/I agree to pay all incurred charges and expenses including attorneys' fees and court costs.

By signing below, we/I certify that we/I have the full power and authority to act for the above named entity and accept all of the above terms and conditions.

Principal/Partner/Officer_____
Title_____
Date