



Registration Form

THIS FORM MUST BE COMPLETED IN FULL

Business Information		
Legal Business Name		
DBA (if applicable)		
Address		
City	State	Zip
Telephone	Fax	Email
Federal Employer ID Number (FEIN)		DUNS Number
Business Classification <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Company Tax Status <input type="checkbox"/> Taxable <input type="checkbox"/> Tax Exempt/Reseller (tax exemption certificate required, attach to this form)		
----- Certificate Number		----- State
Type of Business		
Are purchase orders required: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Contractors	
Contractors must submit all required documents prior to project start.	
Contractor License Number	Type
<input type="checkbox"/> W-9 Form (required) <input type="checkbox"/> Certificate of Insurance (required) <input type="checkbox"/> Other: _____ (required)	

☐ Check this box if the address is the same as above.

Billing	Shipping
Company Name	Company Name
Address	Address
City State Zip	City State Zip

Invoice Preference: _____ Email _____ Mail _____ No Preference

Accounts Payable Contacts	
Primary	Secondary
<input type="checkbox"/> Facility <input type="checkbox"/> Corporate	<input type="checkbox"/> Facility <input type="checkbox"/> Corporate
Name	Name
Telephone	Telephone
Fax	Fax
Email	Email
Third Party Accounts Payable Information	
Name of Company	
Phone Number	
Account Representative	Email
Account Number	

Parent Company Information		
Legal Business Name		
Address		
City	State	Zip
Telephone	Fax	Email
Officers		
President		
Full Name:	Telephone Number:	Email:
Vice President		
Full Name:	Telephone Number:	Email:
Chief Financial Officer		
Full Name:	Telephone Number:	Email:
Other Contacts		
Purchasing		
	Telephone Number:	Email:
Contracting		
	Telephone Number:	Email:
Facility/ Maintenance		
	Telephone Number:	Email:
Other		
	Telephone Number:	Email:

I certify that all the above information is true and correct.

Authorized Signature		
Printed Name	Title	Date

Payment Options	
Checks	ACH*
<p>Please remit payment to:</p> <p>Raintech Sound & Communications, Inc. 250 Sheldon Road Manchester, CT 06042</p> <p><i>Please make checks payable to: Raintech Sound & Communications, Inc.</i></p>	<p><i>*If you choose to pay ACH, please call for account and routing information.</i></p>