

New Customer Application and Information Sheet



Customer Information

Full Legal Name: _____

Physical Address: _____
Street Address

City State ZIP Code

Phone Number: _____

Fax Number: _____

Tax Identification #: _____

Billing Address

Name [if different from above]: _____
Last First M.I.

Address: _____
Street Address P.O. Box

City State ZIP Code

Preferred Invoice Method: _____ Fax: _____

Mail _____

Shipping Address

Address: _____ YES NO
Loading Dock Available

City State ZIP Code

Contact: _____ Phone Number: _____

Times Open: _____

Key Contact

Technical Contact

Title

Phone

Email

Accounting Contact

Title

Phone

Email

Sales Contact

Title

Phone

Email

Alternate Contact

Title

Phone

Email

General Information [please answer all questions]

Customer Type:

Individual

Company

Govt. Agency

Briefly describe company/agency's primary endeavors:

Are you tax exempt in any states you operate in? (Please provide exempt certificates) _____

How did you first hear about us? _____

May we contact you by email with a customer review survey? Yes No

Best Email:

Signature: _____ Date: _____

For Office Use Only

Payment Terms: _____

Tax Exempt: _____

Certificates Provided, list each state separately :

Special Requirements:
