

NEW CUSTOMER FORM

Business Name: _____

D/B/A: _____

Phone (_____) _____

Billing Address: _____

Shipping Address: _____

Federal Tax ID#: _____

PURCHASING:

Contact Name _____ Phone _____

Purchasing Email _____

ACCOUNTS PAYABLE:

Contact Name _____ Phone _____

Accounts Payable Email _____

INVOICE DELIVERY OPTION: Email Mail

INVOICE DELIVERY EMAIL: _____

TAX EXEMPT: Yes No

If yes, please provide Tax Exempt Number _____, State _____

and attach Certificate

FREIGHT GUIDELINES: Please specify any freight guidelines: _____

Freight Carrier: _____ Freight Account # _____

*If no freight guidelines are provided, shipments will be billed prepay & added to invoice.

OWNERSHIP: Sole Proprietorship Partnership Corporation LLC

Principal: _____

Name

Title

Phone

Principal: _____

Name

Title

Phone

TRADE REFERENCES:

Name

Address/Phone/Email

Name of Business

Print Name

Title

Signature

Print Name

Title

Signature