



Date: _____

New Customer Info Form

Check and fill in all information

Submitted by: _____

Customer Account # _____

Account Name: _____

Bill to Address: _____

City: _____ State: _____ Zip: _____

Ship to Address only
(Only if different than Bill to) _____

City: _____ State: _____ Zip: _____

Owners Name: _____

Other Contact Name:
if applicable _____

Phone Number: _____

Fax Number: _____

Email: _____

Accounting Email: _____

Retail Sales Tax #: _____
(Please attach copy of resale certificate)

Fill in Below Optional

Credit Application Attached	Yes _____	No _____
Credit Card #:	_____	Exp Date: _____
		CVV# _____
Sales Rep ID #:	_____	Terr Code#: _____
Other	_____	

Entered By: _____ Date: _____

Forward to Sales Rep: _____ On: _____