



New Customer Information

Sales Rep: _____

Business Information

Billing Name: _____

Address: _____
Unit/Suite #

Phone: _____
City State ZIP Code Fax: _____

Ship To Name: _____
(if different)

Address: _____
Unit/Suite #

Phone: _____
City State ZIP Code Fax: _____

Purchasing Contact Information

Buyer's Name: _____ Phone: _____

Email: _____ Fax: _____

PO's Required? **Yes** **No**

Accounts Payable Contact Information

A/P Name: _____ Phone: _____

Email: _____ Fax: _____

Preferred method to receive invoices Email Mail Fax

Sales Tax Information

Tax Exempt? **Yes** **No**

If Yes, provide copy of Sales Tax Exemption Certificate

Payment Terms Requested

Net 30 Credit Card COD