



5330 WILLIAMS S.E.  
ALBUQUERQUE, NEW MEXICO 87105  
505-873-7883  
505-873-0129 FAX

**New Customer Information**

**Sales Rep: 10**

**Business Information**

Billing Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Unit/Suite #*

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Ship To Name: \_\_\_\_\_  
(if different)

Address: \_\_\_\_\_  
*Unit/Suite #*

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Phone: \_\_\_\_\_ 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

Completed by:

Date

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