

NEW CUSTOMER FORM

Company Name:		Authorized Agent:	
Bill to Address:		Ship to Address:	
Phone Number:		Fax Number:	
Email Address:		Website:	
Years in Business:		NAICS Code:	
Tax Exempt Number:	Yes No	Preferred contact method:	Phone Email Text
	*tax certificate must accompany this form		
Terms Requested:	Yes No		

CONTACTS

ACCOUNTS PAYABLE

Name:		Name:	
Position		Position	
Email:		Email:	
Phone:		Phone:	

OWNER/MANAGER

Name:	
Position	
Email:	
Phone:	

PURCHASING

Name:	
Position	
Email:	
Phone:	

TRADE REFERENCES

Company Name	Contact Name	Contact Email or Phone Number

*Standard Terms are Credit Card/COD or NET 30 on approved credit

*Tax Exempt customers must attach their active TX01-339 form to be considered exempt

