



New Customer Form

Please send the completed form to AR@meridian-direct.com

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 Credit Card Link

TAX EXEMPT: Yes No

If yes, please provide Tax Exempt Number _____, State _____
or attach Resale 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.

PAYMENT TERMS

Credit Card Terms A separate credit card authorization form will be sent
for you to provide your card details.

Signature _____ Date _____