

## NEW CUSTOMER FORM

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 \_\_\_\_\_