

## New Customer Form

### NEW CUSTOMER INFORMATION SET UP FORM

Circle applicable status:     Corporation                       LLC                       Partnership                       Sole Prop.

**Billing**

Name: .....  
 Address: .....  
 City, State, Zip: .....

**IF P.O. BOX – A PHYSICAL DELIVERY ADDRESS MUST BE PROVIDED AS WELL:**

**Shipping:**

Name: .....  
 Address: .....  
 City, State, Zip: .....  
 Telephone #: .....  
 Fax #: .....

Contact Name: .....  
 Tax Exempt:                      YES / NO .....  
 Tax I.D. #: ..... (if, yes, a copy of your FI Sales Tax Certificate must be provided.)

Credit Card # : .....  
 Exp. Date: .....  
 Name on Card: .....  
 Billing Address: .....  
 .....  
 .....



Terms:                      PREPAID                      WOA                      CR CARD                      C.O.D                      OPEN  
 Internal Use Only: 1 2 3 4 5 6

Comments:  
 .....  
 .....  
 .....  
 .....  
 .....

**INTERNAL USE ONLY**

Date: .....  
 Division: .....  
 Account: .....  
 Sales Pers: .....