

New Customer Information Sheet

To expedite your credit approval, please answer all questions. Thank you.

Date: _____

Company Name: _____

Billing Address

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____

Zip Code _____ County _____

Shipping Address

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____

Zip Code _____ County _____

Bill Payment Center *If different from Billing Address.*

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____

Zip Code _____ County _____

Contacts	Name	Title	Phone (+ Ext)	Fax	E-Mail
Purchasing	_____	_____	_____	_____	_____
Requisitioner	_____	_____	_____	_____	_____
Accounts Payable	_____	_____	_____	_____	_____
Operating Mgr/Owner	_____	_____	_____	_____	_____

Anticipated Monthly Purchases: \$ _____

Special Billing Requirements: _____

Special Shipping Instructions: _____

Sales Tax Exempt (Yes/No): _____

If Yes, please return Exemption Certificate which follows.

Business Federal ID#: _____

or Social Security #: _____

Company Type: (Check One)

- Manufacturer Distributor Service
 Contractor Utility Govt Agency
 Not-for-Profit Organization Engineering Firm

Product or Type of Service: _____

Organization Type: (Check One)

- Sole Proprietorship Partnership Corporation

Division of _____

Subsidiary of _____

Year Established: _____

Employees: This Location: _____ Total: _____

Authorization for Release of Information:

Name (Printed) _____ Title _____

Signature _____ Date _____

Business Credit References

Bank Reference

Bank Name: _____ Account: _____

Address: _____

Phone: _____ Fax: _____

Officer's Name: _____

Trade Reference #1

Company: _____ Account: _____

Phone: _____ Fax: _____

Contact: _____

Trade Reference #2

Company: _____ Account: _____

Phone: _____ Fax: _____

Contact: _____

Trade Reference #3

Company: _____ Account: _____

Phone: _____ Fax: _____

Contact: _____

Dun & Bradstreet Number: _____

- Catalog/Direct Mail Manufacturer Referral
 Friend or Business Contact Internet: _____

Does your mailroom distribute bulk rate mail? Yes No

New product and catalog information should be sent to:

- Billing Address Shipping Address

A/C Open Date: _____

C-Limit: _____

P-Level: _____

C-Terms: _____

Tax Status: _____

Class: _____

Deflt Co #: _____

Ship Via: _____

Terr #: _____

SIC Code: _____

Employees: _____

Mailing Code Flag: _____