



## NEW CUSTOMER FORM

### Customer Information

Name of Business	Federal ID No.
Address	Phone
City, State, Zip	
Business Entity Type	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Corporation
Public or Private	<input type="checkbox"/> Public <input type="checkbox"/> Private

### Primary Contact Use Address from Customer Information

Name	Phone
Address	City, State, Zip
email	
Special Requirements	

### Shipping Contact Same as Primary Use Address from Customer Information

Name	Phone
Address	City, State, Zip
email	
Preferred Shipping Method	Shipper Account #

### Purchasing Contact Same as Primary Use Address from Customer Information

Name	Phone
Address	City, State, Zip
email	
Special Requirements	

### Accounts Payable Same as Primary Use Address from Customer Information

Name	Phone
Address	City, State, Zip
email	
Special Requirements	