

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			