



New Account Form

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone# () _____ Fax# () _____ Salesperson: _____

Contact: _____ Years in Business _____

Type of Business: _____ (corporation, partnership, proprietorship)

Description of Business: _____

Office Hours: _____ Receiving Hours: _____

Purchase Order Required?: Yes No

Preferred Invoice Delivery Method: Email Fax USPS

Do you require a monthly statement? Yes No

Shipping Instructions: _____

Alternate Ship-To Address: _____

Contact Name: _____ Phone # _____

Taxable or Tax Exempt: (if exempt, form on back must be complete) _____

Please Complete the Following for Credit Terms

Credit References (please list only names of those you buy on open account)

Name	Address	City/State	Phone/fax#
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Accounts Payable Contact: _____ Phone# _____

Bank Reference: _____ Phone# _____

Account #: _____ Contact: _____