

New Customer Form

Shipping Address (if diffe	rent than b	illing addres	ss on credit	application):			
Shipping Name:							
Address 1:							
Address 2:							
City:		State:			Zip:		
Contact Details:							
Primary Contact Name:							
Phone Number:							
Fax Number:							
Email Address for Quote	es/Orders:						
Email Address for Invoices:							
Tax Information (if requir	ed):						
Tax Exemption Status:							
Resale Number:							
County (for NY tax):							
Accounting Use Only:							
Account Number:							
Outside Salesperson:							