



NEW CUSTOMER INFORMATION FORM

Company Name: _____

Bill To: _____

Ship To If Different Than Bill To:

Telephone: _____

Fax: _____

Contact: _____

Manager: _____

Ship Via: _____

Email: _____

Payment: _____ COD _____ Terms _____ Credit Card

- If terms selected a credit application must accompany this form.
- If credit card is selected a credit card information form must accompany this form.

Special Instructions:

FOR OFFICE USE ONLY:

Sales Representative: _____ Number: _____

Route: _____

Delivery Date: _____

Date Entered: _____

Signature: _____

Account #: _____