



NEW CUSTOMER ACCOUNT INFORMATION FORM

Customer Information	
Customer name:	
Shipping address:	
Email:	
Phone:	

Billing Information	
Accounts Payable contact:	
Billing address:	
Email:	
Phone:	
Fax:	
Federal Employer Identification number:	
<input type="checkbox"/> Payment terms: Net 30	
Preferred Method of Invoicing: Mail <input type="checkbox"/> Email <input type="checkbox"/>	
<input type="checkbox"/> Credit card type: <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa	
Credit card #:	
Expiration date:	CSV #:

Trade References		
Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date