



NEW CUSTOMER ACCOUNT INFORMATION FORM

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

Billing Information	
Accounts Payable contact:	
Billing address:	
Email:	
Phone:	
Fax:	
SSN or Federal EIN:	
Payment terms:	Credit Card Net 30 (If Net 30, trade references are required)
Sales Tax Exempt:	Yes No (If yes, you must provide a copy of your state tax exempt certificate)
Credit card type:	American Express Discover : Master Card Visa
Name on Card:	Credit Card #:
Expiration date:	CSV #:
Carrier: UPS Fedex	Account Number: Ship Best Way and add fee to Invoice

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