

GORDON SINCLAIR®

New Customer Form

Primary Information

Business Name:

DBA:

Federal Tax ID:

Tax Exempt: Yes No

If yes, please attach your resale certificate when submitting your application.

Additional Information

Select all the organizations you are a part of:

ASI Member ID#
SAGE Member ID#
UPIC Member ID#
PPPC Member ID#
PPAI Member ID#
DC Member ID#

If applicable, select Buying Groups you are a member of:

Peernet Facilis
Mastermind AIM
Premier Proforma
Legacy

Contact Information

Primary Street Address:

Primary City, State, Zip:

Country:

Buyer Name:

Buyer Phone:

Buyer Fax:

Buyer Email:

If different from above:

Billing Street Address:

Billing City, State, Zip:

Country:

A/P Contact Name:

A/P Contact Phone:

A/P Contact Fax:

A/P Contact Email:

Shipping Information

How would you like us to ship your product?

Use my account

Bill me for shipping

If you want us to ship under your account, please provide:

Shipping Carrier:

Shipping Account Number:

Shipping Account Zip Code:

Preferred Shipping Method:

Will be requested on PO

Ground Overnight

2nd Day Air Other:

Payment Information

We request that the first order with us is prepaid via ACH, credit card, or check.

For future payments if you are interested in receiving a line of credit, please complete our Credit Application.

Submit completed form to ar@gordonsinclair.com