



New Customer Form

Business Name: _____

Phone: _____

Fax: _____

Email: _____

Person Authorized to Place Orders (Name): _____

Phone: _____

Accounts Payable Person (Name): _____

Phone: _____

Email: _____

Name of Bank: _____

Address: _____

Account Number: _____

Reference 1:

Reference 2:

Our payment terms are 15 days/net.