

## **New Customer Form**

PLEASE FILL OUT COMPLE	TELY SALESPERSON:
Business name:	
(i.e.Parent Co name)	
Billing Address:	
Contact name:	
Dhana	
Phone:	
Fax:	
<u>ı ax.</u>	
e-mail:	
Website:	
Location Name:	
(i.e. Shop name)	(use additional sheet for multiple locations)
Shipping Address:	(ase additional short of manipo locations)
(if multiple locations please	
complete multiple ship to	
attachment)	
Contact name:	
Phone:	
Fax:	
Dilling info	
Billing info: COD (credit card #)	
Terms (submit credit application)	
Fed tax ID#:	GE#: