

New Customer Form

All information must be filled out completely

Payment, Credit Application, and/or Promissory Note must be attached.

Business or Client Name:

Contact Name:

Sales#: **N3**

Telephone#:

Fax#:

Physical Address:

City:

State:

Zip:

Billing Address:

City:

State:

Zip:

Tearsheet if needed & amount: _____ National Account: Yes No

SIC Code: _____ Co-Op: _____

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*For Accounting Use:*

Credit Limit: \_\_\_\_\_ Service Charge:  Yes  No

Product Category: \_\_\_\_\_ Credit Status: \_\_\_\_\_

Group ID Number: \_\_\_\_\_ Customer Number \_\_\_\_\_