



New Customer Application

Company Name: _____

Billing Address: _____

City: _____ ST: _____ ZIP: _____ County: _____

Phone: (_____) _____ Fax: (_____) _____

Contact Name: _____ Email: _____

Shipping Address: _____

City: _____ ST: _____ ZIP: _____ County: _____

Phone: (_____) _____ Fax: (_____) _____

Contact Name: _____ Email: _____

Terms Requested: _____

Credit Limit Requested: _____

(All orders will be COD until credit approval has been completed.)

Resale Number: _____

State Contractor's License Number: _____

Administrative Use Only

Salesperson: _____

Date Entered: _____ By: _____

Credit Limit Authorized: _____ By: _____