



NEW CUSTOMER APPLICATION

UNTIL A CREDIT LINE IS DETERMINED – ALL ORDERS MUST BE PREPAID.

GENERAL INFORMATION			
Business Name			
Billing Address			
Ship to Address <i>If different from billing address</i>			
*Resale #		Website	
Tel		Fax	
CHECK BOX: Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>			
What EMAIL can we send Order Acknowledgements to?			

(*) *Required to Process*

OPERATION INFORMATION								
Hours of Operation	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
Hours of Receiving	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
Do you have a Forklift?		Y	N	Do you have a loading dock?			Y	N

ACCOUNTS PAYABLE CONTACT			
Contact Name			
Email			
Tel		Fax	

AUTO CREDIT CARD <i>The following credit card will be charged when you place an order.</i>					
Type of Card <i>(please circle one)</i>		Visa	MC	Amex	Disc
Card Number		Exp. Date		Security Code	
Billing Address					
OFFICE USE:	ACCT #	SALES REP			

02.15.16