

New Customer Set Up

Initiation Date: ____/____/20____

Salesperson: _____

Customer Name: _____

Address: _____

City/State: _____ Zip Code: _____

County: (Not USA) _____

Email: _____

Phone Number: _____

Fax: _____

Terms:

COD: ____

Credit Card #: _____ Expires: ____/____ 3 Digit Code: _____

Name on Card: _____ Billing Zip Code: _____

New Account Paperwork Sent:

____ Business Credit Application and References

Or

____ Agreement to Pay

____ Tax Exempt Form