



## NEW CUSTOMER ACCOUNT FORM

### COMPANY INFORMATION

NAME OF FACILITY:		
DIV/SUBSIDIARY OF:		
PRIMARY CONTACT:	PHONE:	EMAIL:

### BILLING INFORMATION

ADDRESS 1:		
ADDRESS 2:		
CITY:	STATE:	ZIP CODE:
A/P CONTACT:		
PHONE:	FAX:	EMAIL:

### SHIPPING INFORMATION

ADDRESS 1:		
ADDRESS 2:		
CITY:	STATE:	ZIP CODE:
CONTACT NAME (IF APPLICABLE)		
PHONE:	FAX:	EMAIL:

BUSINESS HOURS / TIME ZONE:
RECEIVING HOURS:
SPECIAL DELIVERY INSTRUCTIONS:

### DOCUMENT RECEIPTS

PLEASE PROVIDE COMPANY EMAIL ADDRESSES FOR RECEIPT OF THE FOLLOWING DOCUMENTS/REPORTS:		
INVOICES	NAME:	EMAIL:
SHIPMENT CONFIRMATION	NAME:	EMAIL:

### TERMS

DUE UPON RECEIPT	NET 30	NET 60	NET 90	CREDIT CARD WITH ORDER
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### TAX INFORMATION

TAX EXEMPT? YES	NO	TAX EXEMPTION IS BASED ON SHIPPING DESTINATION. PLEASE ATTACH TAX EXEMPTION(S) CERTIFICATE FOR ALL STATES.
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