

New Customer Information

*Required Fields

*Date _____

*Customer Type

☐ Distributor *Sales Region _____
☐ National Account – Direct
☐ Other _____ *Payment Terms _____

Primary Location

*Company Name _____ DBA _____
 *Primary Billing Address _____ (city) _____ (state) _____ (zip) _____
 *Primary Shipping Address _____ (city) _____ (state) _____ (zip) _____
 *Primary Phone Number _____ Primary FAX Number _____

Contact Information

*Principal _____	*Phone _____	*Email _____
*Sales _____	*Phone _____	*Email _____
*Accounting _____	*Phone _____	*Email _____
*Purchasing _____	*Phone _____	*Email _____

*Receive Pricing Information?	Yes	No
*Receive Marketing Communications?	Yes (If selected, email address required)	No
*Add to Web site?	Yes (If selected, complete section below)	No

Web Street Address _____
 Web City _____
 Web State _____
 Web Zip _____
 Web Phone _____
 Web Fax _____
 Website Address _____

New Customer Information

Additional / Branch Locations

*Required Fields if Additional/Branch Locations Submitted

*Manager _____

*Phone _____ Fax _____ Email _____

*Shipping Address _____ (city) _____ (state) _____ (zip) _____

*Receive Pricing Information? ☐ Yes ☐ No

*Receive Marketing Communications? ☐ Yes (If selected, email address required) ☐ No

*Add to Web site? ☐ Yes (If selected, complete section below) ☐ No

Web Street Address _____

Web City _____

Web State _____

Web Zip _____

Web Phone _____

Web Fax _____

Website Address _____

*Manager _____

*Phone _____ Fax _____ Email _____

*Shipping Address _____ (city) _____ (state) _____ (zip) _____

*Receive Pricing Information? ☐ Yes ☐ No

*Receive Marketing Communications? ☐ Yes (If selected, email address required) ☐ No

*Add to Web site? ☐ Yes (If selected, complete section below) ☐ No

Web Street Address _____

Web City _____

Web State _____

Web Zip _____

Web Phone _____

Web Fax _____

Website Address _____