



NEW CUSTOMER APPLICATION

FIRM OR CORPORATION NAME \_\_\_\_\_

TRADE NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_

DO YOU CURRENTLY OPERATE UNDER ANOTHER NAME? \_\_\_\_\_ SPECIFY \_\_\_\_\_

DESCRIPTION OF BUSINESS \_\_\_\_\_

SIC # \_\_\_\_\_ PUBLICLY HELD? \_\_\_\_\_ FED. ID NO. \_\_\_\_\_

WHO SHOULD WE SEND MATERIAL SAFETY DATA SHEETS (MSDS) TO?

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

ACCOUNTS PAYABLE REPRESENTATIVE \_\_\_\_\_ E-MAIL \_\_\_\_\_

PARENT COMPANY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ P.O. BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FULL NAME OF OFFICERS, PARTNERS, OR PROPRIETOR:

\_\_\_\_\_ TITLE \_\_\_\_\_ E-MAIL \_\_\_\_\_

\_\_\_\_\_ TITLE \_\_\_\_\_ E-MAIL \_\_\_\_\_

\_\_\_\_\_ TITLE \_\_\_\_\_ E-MAIL \_\_\_\_\_

TAX STATUS:  TAXABLE  RESALE SALES TAX NO. \_\_\_\_\_  
(PLEASE FURNISH EXEMPTION CERTIFICATE)

TERMS OF SALE ARE "NET 30 DAYS"

CREDIT REFERENCES

NAME AND ADDRESS

PHONE AND FAX NOS.

BANK \_\_\_\_\_

TEL # \_\_\_\_\_

FAX # \_\_\_\_\_

TRADE REF \_\_\_\_\_

TEL # \_\_\_\_\_

FAX # \_\_\_\_\_

TRADE REF \_\_\_\_\_

TEL # \_\_\_\_\_

FAX # \_\_\_\_\_

TRADE REF \_\_\_\_\_

TEL # \_\_\_\_\_

FAX # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_