



NEW CUSTOMER APPLICATION

Page 1 of 3

Application Date

COMPANY INFORMATION

Company Name

Main Phone

Billing Address

City

State

ZIP Code

Federal ID #

Years in Business

Sales Tax Exempt?

☐ Yes

☐ No

Tax Exemption #

Attach sales tax exemption documentation, if applicable.

PRIMARY CONTACT / OWNER / GENERAL MANAGER

Main Contact

Direct Phone

Email Address

ACCOUNTS PAYABLE

Main Contact

Direct Phone

Email Address

Send Invoices Via

☐ Mail

☐ Email

☐ Both

Invoice Email



NEW CUSTOMER APPLICATION

Page 2 of 3

PURCHASING

Main Contact

Direct Phone

Email Address

PO Required?

☐ Yes

☐ No

SHIP-TO INFORMATION

☐ Same as Billing Address

Company / Location Name

Shipping Address

City

State

ZIP Code

Main Contact

Direct Phone

Email Address

Receiving Hours

For multiple ship-to locations, please attach a separate sheet.

APPLICATION NOTES

Please complete all applicable fields. Credit references are requested on Page 3.

If your company is sales-tax exempt, include the supporting exemption certificate with this application.

CREDIT REFERENCES

Reference #1 - Company Name

Main Contact

Phone

Account #

Email Address

Reference #2 - Company Name

Main Contact

Phone

Account #

Email Address

Reference #3 - Company Name

Main Contact

Phone

Account #

Email Address

APPLICANT AGREEMENT & AUTHORIZATION

By signing this application, I, as guarantor, agree to pay all invoices according to the terms on each. I also agree to pay a 2% per month finance charge on all past due invoices. I agree to remit all costs incurred due to collection action that may be required. I approve the release of this information and verify that the information provided is truthful and accurate.

Signature of Applicant

Date