



## NEW ACCOUNT FORM

**Bill To Name:** \_\_\_\_\_

Attention Line/Dept: \_\_\_\_\_

Bill To Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Accts Payable Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Accts Payable Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Ship To Name:** \_\_\_\_\_

Attention Line/Dept: \_\_\_\_\_

Ship To Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Purchasing Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Business Information

Type of Business: Sole Proprietor \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Other \_\_\_

Years in Business \_\_\_\_\_

Will this account be tax exempt? Yes \_\_\_ No \_\_\_

*If yes, a copy of a signed tax exemption certificate must be sent with this application.*