

New Customer Form

Customer Information

- Company Name: _____
- Contact Person: _____
- Position/Title: _____
- Address: _____
- City: _____ State: _____ Zip: _____
- Phone Number: _____
- Email Address: _____
- Website (if applicable): _____

Business Details

- Date Established: _____
- Type of Business: _____
- FEIN (Federal Employer Identification Number): _____

Payment Information

- Preferred Payment Method: ☐ Check ☐ Electronic Deposit (ACH) ☐ Credit Card
- Billing Contact (if different): _____
- Billing Email: _____

Additional Information

- Notes / Special Instructions: _____

Contract Information

- Do you require a contract? _____ Do you need our W9? _____ Do you require a COI? _____
- Contract Number: _____ PO Number _____

Authorization

- Authorized Signature: _____
- Printed Name: _____
- Date: _____

Our Invoice Terms are Net 30 from Invoice Date, unless otherwise specified. By initialing below, you assume responsibility for payment terms. _____