NEW CUSTOMER FORM

S_FR_NewCustomer_v2

BUSINESS INFORMATION					
Company name					
Registered company address					
City		State		ZIP	
Date business commenced					
Company Website					
Industries Served					
Tax ID Number				DNB No.	
Sole proprietorship ◯	Partnership ◯	Corporation ◯		Other:	

PURCHASING CONTACT INFORMATION			
Name (First & Last)		E-mail	
Phone No. and Extension		Title	

ACCOUNTS PAYABLE CONTACT INFORMATION					
Name (First & Last)				E-mail	
Phone No. and Extension				Title	
Mailing address if different from registered address:					
City		State		ZIP	

SHIP TO ADDRESS					
Company name					
Contact Person					
Address					
City		State		ZIP	
Phone				E-mail	

TERMS	
We have read & agree to sales terms & conditions	◯ YES
STANDARD- Due on Shipped date, without approved credit, or exceeds approved credit	◯ YES
NET 30- Requires approved credit application	◯ YES ◯ NO

If claiming sales tax exemption, please submit your Tax Resale Certificate exemption form.

RETURN COMPLETED FORM & SUPPORTING DOCUMENTS TO: FHolmes@ViewpointMFG.com