

## NEW ACCOUNT INFORMATION SHEET

Account Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_  Price List  Statement

Alternate Contact \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_  Price List  Statement

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Terms Requested \_\_\_\_\_ Sales Rep. \_\_\_\_\_

Tax ID# \_\_\_\_\_ Price Code Requested \_\_\_\_\_

Customer Type \_\_\_\_\_

Call List:  Yes  No

Invoice Copies 1 or \_\_\_\_\_

If Yes:

Day:	Mon	Tue	Wed	Thu	Fri	Sat
Time:						

Delivery Time Requested \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

or Office Use Only:

Route Number \_\_\_\_\_ Territory \_\_\_\_\_