

NEW CUSTOMER SET-UP FORM					
Legal Company Name:					
Trade Name:					
BILLING STREET ADDRESS:					
City:			State:		ZIP Code:
Phone:		Fax:			
SHIP TO STREET ADDRESS:					
City:			State:		ZIP Code:
Phone:		Fax:			
Order Confirmations Should Be Sent To:			E-mail:		
			FAX:		
What type of business:				D&B#:	
Date company founded:					
Sole proprietorship:		Partnership:		Corporation:	Other:
Date of Corporation:			State of Incorporation:		
How long at current address?					
Premises: (principal) Leased_____ Owned_____					
Estimated yearly volume:					
Owner:			President:		
Accounts Payable	Contact Name:				Phone:
	Email:			Fax:	
Taxable: Yes_____ No_____ <u>If TAX EXEMPT, please remit a copy of your sales tax exemption form.</u> <u>An account can't be established without this documentation.</u>					
Tax exempt number:					

DOF INTERNAL USE	SP	DIV	PL	WHSE			
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