



NEW CUSTOMER APPLICATION

FIRM OR CORPORATION NAME _____

TRADE NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

DO YOU CURRENTLY OPERATE UNDER ANOTHER NAME? _____ SPECIFY _____

DESCRIPTION OF BUSINESS _____

SIC # _____ PUBLICLY HELD? _____ DUN'S # _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL (FOR ELECTRONIC PROCESS OF INVOICES): _____

ACCOUNTS PAYABLE REPRESENTATIVE _____ E-MAIL _____

WHO SHOULD WE SEND SAFETY DATA SHEETS (SDS) TO?

NAME _____ E-MAIL _____

PARENT COMPANY _____

STREET ADDRESS _____ P.O. BOX _____

CITY _____ STATE _____ ZIP _____

FULL NAME OF OFFICERS, PARTNERS, OR PROPRIETOR:

_____ TITLE _____ E-MAIL _____

_____ TITLE _____ E-MAIL _____

_____ TITLE _____ E-MAIL _____

TAX STATUS: TAXABLE RESALE SALES TAX NO. _____
(PLEASE FURNISH EXEMPTION CERTIFICATE)

CREDIT REFERENCES

NAME AND ADDRESS

PHONE AND FAX NOS.

BANK _____

TEL # _____

FAX # _____

TRADE REF _____

TEL # _____

FAX # _____

TRADE REF _____

TEL # _____

FAX # _____

TRADE REF _____

TEL # _____

FAX # _____

SIGNATURE _____ TITLE _____