

NEW CUSTOMER INFORMATION



Contact Information

Company Name: _____

Contact Name: First: _____ Last: _____

Title/Position: _____

Business Phone: _____ Fax: _____

Alternate Phone: _____

E-mail: _____

Email for shipping confirmations: _____

E-mail for invoices: _____

E-mail for statements: _____

Payment Method: Card Check ACH Cash

If you would like your credit card saved in our system please provide the card information or call us:

Name: _____ Card #: _____ Exp. _____

You have permission to charge my card upon receiving sample. I will call / email giving permission when to charge my card.

Would you like access to online data? Yes

Billing Information: Please check box if same as contact info.

Company Name: _____

Account Name: _____

Address 1: _____

Address 2: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Business Phone: _____

Alternate Phone: _____

Fax: _____

Shipping Information Please check box if same as contact info.

Contact Name: _____

Ship to Name/Company: _____

Address 1: _____

Address 2: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Phone: _____ Fax: _____