

COMPANY INFORMATION

Bill To:	_____	Ship To:	_____
Mailing Address	_____	Ship to Address	_____
Mailing Address	_____	Ship to Address	_____
City / State / Zip	_____	City / State / Zip	_____
Phone	_____	Primary Phone	_____
		Secondary Phone	_____

Ownership: Corporation Partnership Proprietorship Other _____

Owner/Principal Name _____ Title _____

Federal Tax ID# _____ Duns# _____ Year Established _____

Will you be purchasing for resale? Y / N Resale Number: _____
(If "YES" - Signed resale card required - otherwise TAXABLE)

Do you require Purchase Orders? Y / N Anticipated monthly purchase amount? \$ _____

CONTACT INFORMATION

Contact Name: _____

INVOICES are sent via EMAIL/MAIL ONLY. Please choose one.

EMAIL _____

MAIL _____

STATEMENTS are sent via EMAIL/MAIL ONLY. Please choose one.

EMAIL _____

MAIL _____

METHOD OF PAYMENT - CASH, CHECK, OR CREDIT CARD (AMERICAN EXPRESS, DISCOVER, MASTERCARD, OR VISA)

By submitting the New Customer Information Sheet, I agree that any dispute that arises under or relates to this Agreement (whether a contract, tort or both) will be resolved in Orange County, California and all parties consent to the jurisdiction of the courts within that county. The laws of the State of California shall apply. In any litigation the prevailing party shall be entitled to an award of its attorney's fees and court costs.

Applicant's Signature _____ Title: _____ Date: _____

For office use only

BRANCH#	SALES TAX GROUP CODE (Ship-To Maintenance):			ACCOUNT #:
	STATE:	COUNTY:	CITY:	COD ACCOUNT
SALESMAN NAME:	MARKET TYPE:	PRICE CLASS:	CREDIT LIMIT:	