

New Customer Form



Company Name

DBA and Years in Business

Shipping Address

Address Line 1

Address Line 2

City

State

Zip Code

Billing Address

Address Line 1

Address Line 2

City

State

Zip Code

Accounts Payable Name

First

Last

Phone

Email

Permittee Name

First

Last

Ct. Sales Tax I.D. Number (i.e.-000)

SS # **Customers seeking 30 day terms please provide Social Security number for credit approval