

PLEASE ATTACH ANY NECESSARY SUPPORTING DOCUMENTS, SUCH AS CREDIT APPLICATION AND TERMS AND CONDITIONS.

NEW CUSTOMER INFORMATION <small>(ALL FIELDS ARE REQUIRED TO BE FILLED-OUT)</small>			SALES PERSON NAME:	
Company Name:			Phone:	Fax:
Company Address:			Primary Contact Name:	
City:	State:	Zip code:	Primary Contact Email:	
Any additional customer notes (please add website address):				

TYPE OF CUSTOMER	
<input type="checkbox"/> Local Distributor	
<input type="checkbox"/> Regional Distributor	Email of branch manager:
<input type="checkbox"/> Contractor	Email of branch manager:
Accounting Email:	Any additional accounting notes:

SHIPPING INFORMATION		
Does this business have a loading dock?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, does this business have a forklift?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does this business drop ship to other customers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is this business a residential address?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any additional shipping notes:		

APPROVED BY:	DATE:
<hr/> John Zhang	<hr/>

BELOW FOR MANAGEMENT AND ACCOUNTING USE ONLY:	
Customer Account Number:	Payment Terms: