



## New Customer Request Form

Date of Request:					
<b>Customer Information</b>					
Customer Name					
Sales Contact Name					
Phone					
Website					
Street Address					
City					
State/Zip					
Accounting Contact Name					
Accounting Email Address					
Customer Type	<input type="checkbox"/> Resale/Distributor (please provide any applicable resale certificates)		<input type="checkbox"/> End user		
<b>Bank References</b>					
Bank Name					
Bank Address					
Contact Name					
Contact Phone					
Contact Email					
<b>Trade References</b>					
Company Name		Company Name		Company Name	
Address		Address		Address	
Phone		Phone		Phone	
Contact Name		Contact Name		Contact Name	
Contact Phone		Contact Phone		Contact Phone	
Contact Email		Contact Email		Contact Email	
<b>Submitted by:</b>					
	<b>(Name)</b>		<b>(Department)</b>		
<b>For Accounting Use Only</b>					
<b>Customer#:</b>			<b>Date Added:</b>		
<b>Payment Terms:</b>			<b>Credit limit:</b>		
<b>Approved by:</b>					
	<b>(Name)</b>		<b>(Title)</b>		