

# NEW CUSTOMER INFORMATION

PLEASE PRINT ALL

LEGAL COMPANY NAME

dba

ORGANIZATION (check one)

Corporation (if yes, enter Federal Tax ID )

Individual/ Partnership (if yes, enter Soc. Sec. Number )

PRINCIPLE / OWNER

NAME

ADDRESS

CITY

STATE

ZIP

SHIPPING ADDRESS

ACCOUNTING CONTACT

PURCHASING CONTACT

COMPANY NAME

ACCT. PAYABLE CONTACT NAME

PURCHASING CONTACT NAME

ADDRESS 1

ADDRESS 1

ADDRESS 1

ADDRESS 2

ADDRESS 2

ADDRESS 2

CITY

CITY

CITY

STATE

ZIP

STATE

ZIP

STATE

ZIP

COUNTRY

COUNTRY

COUNTRY

PHONE

ACCT. PAYABLE EMAIL

PURCHASING EMAIL

ACCT. PAYABLE PHONE

PURCHASING PHONE

FAX

FAX

STATE SALES TAX WILL BE CHARGED UNLESS WE HAVE A SIGNED EXEMPTION CERTIFICATE

TYPE of BUSINESS

CONTRACTOR (Spray Foam/Coatings)

COMMERCIAL (Bedliner, etc.)

FABRICATOR (Fiberglass)

MANUFACTURER

RESELLER

Other \_\_\_\_\_

PERSON COMPLETING FORM

PHONE

mcc-0025