



NEW CUSTOMER INFORMATION FORM

Please return completed form via email to: **asaindon@counter-form.com**
or Fax to: **(715) 387-3941**

Form must be complete for consideration - Please complete all shaded areas

Company Name:

Billing Address:

City:

County:

State:

Zip:

Shipping Address:

City:

County:

State:

Zip:

Phone:

Fax:

Email:

Purchasing Contact:

Phone:

Email:

Accounts Payable Contact:

Phone:

Email:

Other Contact:

Phone:

Email:

Payment Method: If opening an account - you must complete a Credit Application

PREPAY

Tax ID#*:

Tax Rate (Only if not exempt):

%

* Please provide Sales Tax Exemption Certificate

How would you like to receive Price Quotes/Acknowledgements?

Email:

Fax:

How would you like to receive Invoices?

Email:

US Mail:

Receiving Information:

Do you have a Fork Lift?

Do you have a Loading Dock?

Special Requirements:

Receiving Hours/Days: