



New Customer Request Form

Date _____

Federal Tax ID/TIN _____

Sales Tax ID _____

Business Name _____

COPY OF BUSINESS

LICENSE REQUIRED

DBA _____

Street Address _____

Sole Owner

Partnership

Corporation

LLC

City/State/Zip _____

Business Phone _____

Mobile Phone _____

Email Address _____

Website _____

Type of Business _____
(Circle One) Retail
 Distributor
 Manufacturer
 Other (specify)

Date Established _____

Authorized Purchasers _____

Owner/Principal _____

Title _____

Email _____

Title _____

Name _____

Email _____

Name _____

Title _____

Email _____

Authorized Signer _____

Print Name _____

Title _____

Date _____