



NEW ACCOUNT FORM

FAX COMPLETED FORM TO: 602-952-8239, or EMAIL

Company Name:	
Street Address:	
City/State/Zip:	
Mailing Address:	
City/State/Zip:	
Telephone:	
Fax:	

Type of Business:	
Years in Business:	

Registration Status:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> PLLC
Federal Tax ID:	
Owner/Officer:	

Order Responsibility:		Email Address:	
Order Responsibility:		Email Address:	

Additional Locations: (if applicable)			
Order Responsibility:		Email Address:	
Street Address:		City/State/Zip:	Phone:
Order Responsibility:		Email Address:	
Street Address:		City/State/Zip:	Phone:
Order Responsibility:		Email Address:	
Street Address:		City/State/Zip:	Phone:
If you need more space, please attach a separate sheet.			

<p>Our payment terms are Net 30 days for office supplies. Special orders of custom product require prepayment. A hard copy of each invoice is provided at the time of delivery. Customers may elect to receive a backup copy of each invoice via email. Please provide the name and email address of the person who is to receive the emailed copy. Accounts Payable will receive a month end statement via email.</p>			
Accounts Payable:		Email Address:	
Invoice Copy To:		Email Address:	

Credit Card on File:			
Card Holder Name:		Receipt Email:	
Company Name:		Billing Address:	
Card Number:		Expiration:	Card Code:

Special Instructions:							
Referred By: <input type="checkbox"/> Internet <input type="checkbox"/> Sales Rep: _____ <input type="checkbox"/> Other: _____							
Rep:		Date:		Account Code:		Password:	
Contracts:							