## New Customer Form (all new accounts are C.O.D.)

Name of Business:
Type of Business:
Address:
City,State, ZIP
Email:
Business Phone #:
Alternate Phone #:
Name of Owner(s):
State Sales Tax Number:
State Issued In:
Expiration Date:
Other Authorized Users:
Owner(s) Signature:

Please Fax, Scan & Email, or Mail Application Please allow 2-3 Business Days for Account Approval