



1401 AIP DRIVE, SUITE 100 | MIDDLETOWN, PA 17057
PHONE: 717-939-7100 | FAX: 717-939-7200

NEW CUSTOMER INFORMATION

Salesperson's Initials: _____

Company Name: _____

Bill To Address: _____

Accounts Payable Contact: _____

Phone #: _____ Fax #: _____

Invoice Delivery Method: (circle one) FAX or E-MAIL
Fax # _____ **Email Address** _____

Tax Exemption # (if applicable) _____

A copy of the exemption certificate is needed for our records.

Purchasing Contact: _____ Email Address: _____

Phone #: _____ Fax#: _____

Ship To Address: (if different from Bill To Address) _____

Delivery Contact Person _____ Phone # _____

Delivery Instructions _____

Is signature required when product is delivered? (circle one) YES or NO

Delivery/Receiving Hours: _____

Complete next section if there is more than one Ship To:

Ship To Address #2: _____

Delivery Contact Person _____ Phone # _____

Delivery Instructions _____

Ship To Address #3: _____

Delivery Contact Person _____ Phone # _____

Delivery Instructions _____

If you have additional Ship To locations, please submit them on a separate page.

We certify that all the information on this form is correct. We fully understand that **our credit terms are Net 30 days** and agree to the proper payment in consideration of extended credit.

Signature: _____ Date: _____

Title: _____