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New Customer Setup Form

Company Name:		
DBA:		
Billing Address Line 1:		
Billing Address Line 2:		
City:	State:	Zip Code:
Country:		
Phone:	Fax:	
Contact Person:		
Email Address:		
Website:		
Resale Tax ID:		
Accounts Payable Contact name:		
Accounts Payable Email address:		
Accounts Payable Phone:		
Shipping Address Line 1:		
Shipping Address Line 2:		
City:	State:	Zip Code:
Country:		
Shipping Contact Name:		
Shipping Email Address:		
Shipping Phone:	Fax:	
	<u>Special shipping instructions</u>	
	Delivery Appointment Required (YES/NO): Lift Gate (YES/NO): Other:	
<u>Freight forwarders information (For Overseas Accounts)</u>		
Name:		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Country:		
Contact Person:		
Email Address:		
Phone:	Fax:	