



NEW CUSTOMER INFORMATION SHEET

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Email Address* _____

** Invoices will be emailed unless you specify otherwise!*

Phone Number _____ Fax Number _____

Order Contact Name/Number: _____

Delivery Contact Name/Number: _____

SPECIAL DELIVERY INSTRUCTIONS: _____

Sales Tax Exemption: YES or NO (sales tax to be charged)

If yes, Federal Tax ID# _____

All new accounts are COD. Please circle payment method. Credit Card (3% Fee) ACH Check

After 3 orders, customers may apply for Credit, would you like an application? Y N

| For Office Use Only | Date Sent | Date Received |
|---------------------|-----------|---------------|
| Credit application | | |
| W-9 Form | | |
| Sales Tax Exemption | | |

Credit line established: _____ date \$ _____ Amount _____ Approved by _____

Physical Address:
146 FM 2793 Huntsville, TX 77340

Mailing Address:
PO BOX 368 New Waverly, TX 77358

Office: 936-295-2870
Fax: 936-295-2210