



New Customer Setup Form

Date _____

Federal Tax ID/TIN _____

Sales Tax ID _____

Business Name _____

COPY OF BUSINESS

LICENSE REQUIRED

DBA _____

Sole Owner

Street Address _____

Partnership

Ownership

Corporation

City/State/Zip _____

LLC

Business Phone _____

Mobile Phone _____

Email Address _____

Website _____

Type of Business

Retail

Distributor

Manufacturer

Other (specify)

(Circle One)

Date Established _____

Authorized Purchasers

Owner/Principal _____

Title _____

Email _____

Name _____

Title _____

Email _____

Name _____

Title _____

Email _____

Authorized Signer _____

Print Name _____

Title _____

Date _____