

# NEW CUSTOMER INFORMATION

Please send completed form via fax to (404)349-8856

BILL TO NAME: \_\_\_\_\_

BILL TO ADDRESS: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

AUTHORIZED BUYER NAME: \_\_\_\_\_

BUYER PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ BUYER FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

BUYER EMAIL ADDRESS: \_\_\_\_\_

A/P CONTACT NAME: \_\_\_\_\_

A/P CONTACT PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ A/P CONTACT FAX: (\_\_\_\_) \_\_\_\_\_

A/P CONTACT EMAIL: \_\_\_\_\_

SHIP TO NAME: \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_

RECEIVING CONTACT: \_\_\_\_\_

RECEIVING PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ RECEIVING FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

RECEIVING EMAIL ADDRESS: \_\_\_\_\_

RECEIVING HOURS OF OPERATION: \_\_\_\_\_

PREFERRED CARRIER CONTACT: \_\_\_\_\_

DOCK APPOINTMENTS NEEDED?       YES       NO

OTHER RECEIVING INSTRUCTIONS... \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CREDIT REFERENCES (SEE ATTACHED FORM)