



New Customer Form

Company Information

Company Name:

Customer Type: (Internal use only)

Industry Sector: (Pick one)

Agriculture	Construction	Education	Energy/Power	Environmental	Government
Healthcare	Manufacturing	Retail	Technology/Communications		Transportation
Services	Residential	Other (Explain)			

How did you hear about us?

Friend or colleague/Referral	Social Media	Conference	Search Engines (Google, Yahoo, etc.)
Blog or Publication	Other		

Billing Information

Bill to Address:

City & State:

Zip:

PO Number Required: Yes No

Invoice Method:

Email Address

COR Method:

Certificate of Reclamation

Email Address

Accounting Contact

Name:

Phone:

Email:

Fax:

Taxable: Yes No

If no, please provide tax exemption certificate for OH, CA, MI & or AZ customers

Pick-Up Information

Customer Name:

Bill to Address:

City & State:

Zip:

Site Contact

Phone:

Email:

Fax:

Authorized Signature:

Pick-Up Site Details

Shipping/Receiving Days:

Shipping/Receiving Hours:

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Loading Dock on Site: Yes No

Forklift on Site: Yes No

Pallet Jack on Site: Yes No

Additional Notes & Site Limitations

(Limited access, height clearance, truck size restrictions, security requirements, etc. Please be as specific as possible.)