

NEW ACCOUNT SET-UP FORM (Without Credit Application)

BILLING ADDRESS

Company Name: _____

Attn: _____

Street or P.O. Box: _____

City, State, Zip: _____

Telephone #: () _____

Fax #: () _____

Invoice Email Address: _____

SHIPPING ADDRESS

Company Name: _____

Attn: _____

Street or P.O. Box: _____

City, State, Zip: _____

Telephone #: () _____

Fax #: () _____

ASN Email Address: _____

SALES CONTACT INFORMATION

Main Contact Name: _____

Title: _____

Telephone #: () _____

Email Address: _____

ACCOUNTS PAYABLE

Main Contact Name: _____

Direct Telephone #: () _____

Email Address: _____

OTHER INFORMATION

Tax Exempt? Yes No If yes, include tax exempt certificate.

Is this a credit card account? Yes No

Class ID: Auto Electronic Gen Ind Library PetroChem Telecom

NOTES: _____