



NEW ACCOUNT INFO REQUEST FORM

To ensure that we have the most accurate information on file for your account, please take a moment to complete the following:

Company Name: _____

City, State, Zip: _____

Billing Address: _____

City, State, Zip: _____

Main Telephone Number: _____ Fax: _____

Tax: TAXABLE EXEMPT RESALE

****IF YOUR COMPANY IS EXEMPT OR RESALE, PLEASE PROVIDE A COPY OF EXEMPT/RESALE CERTIFICATE. ****

A/P Contact Name: _____

A/P Telephone #: _____ Ext #: _____ Fax #: _____

A/P Email Address: _____

I would like to receive my future invoices via: FAX EMAIL POSTAL MAIL

Shipping Name (If different than company name): _____

Shipping Address: _____

City, State, Zip: _____

Main contact for delivery: _____ Phone #: _____

Special instructions for deliveries: _____

"FOR ALL YOUR JANITORIAL NEEDS"