

New Customer Application Form

***This form must be complete or will not be processed**

Market Segment (circle one)	Art Craft Office Mass eComm International	Date:
Sales Representative: Alex Deedy		Rep Group: AFD
<i>(if applicable)</i>	Backorders: Yes No	Discount:
Name:		
Billing Address 1:		
Billing Address 2:		
City:		
State:		
Zip Code:		
Country:		
Shipping Address 1: (If Different)		
Shipping Address 2:		
City:		
State:		
Zip Code:		
Country:		
Phone:		
Fax:		
A/P Contact:		
A/P Contact E-mail:		
Online Order Login E-mail:		
Resale Certificate / Tax ID:	*Must attach a copy of Resale Certificate when submitting application.	
Est. Annual Purchases:		
Payment Method	*Credit Card	*Requesting Terms of:

*Appropriate forms below must be completed and attached

*Must go through an approval process if requesting terms

***FIRST ORDER MUST BE SUBMITTED WITH PAPERWORK**

Credit Card Approval Form

Date:	Contact:
Company Name:	Phone Number:
Company Account:	E-Mail:
PO Number:	Fax Number:
Amount: \$	Comments:

Name on Card	
Billing Address of card:	
<p>*Accounts Receivable will call the phone number provided for credit card information.</p>	