

New Customer Application Form		
Your Name:		
Company Name:		
Billing Address 1:		
Billing Address 2:		
City:		
State:		
Zip Code:		
Country:		
Shipping Address 1: (If		
Different than Billing) **Please		
notify if multiple ship to locations		
Shipping Address 2:		
City:		
State:		
Zip Code:		
Country:		
Phone:		
Fax:		
Buyer Contact:		
Buyer Contact Email:		
A/P Contact:		
A/P Contact E-mail:		
Payment Method (Check	**Apply for Open Terms: 🔄 ***Credit Card:	
one):	** If applying for open terms, additional paperwork is required and there is an	
	approval process. ***If set up with a credit card, all orders must be placed through our wholesale	
	website at TombowUSA.com.	
Resale Certificate / Tax ID:	*Must attach a copy of Resale Certificate or Business License when	
	submitting application	
Est. Annual Purchases:		
Internal Use Only		
Customer Class:		Territory Code:
Main Default Salesperson:		Rep Group:
Price Class:		PPD:  Collect/Freight:
Online Reseller Agreement Received:		Terms: Credit Limit: