

# NEW CUSTOMER FORM



DATE: \_\_\_\_\_

SALESPERSON: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

**RETURN FORM TO:**

Fax 251-981-8619 OR  
EMAIL Askchuck@atworkuniforms.com

**COMPANY BILL-TO ADDRESS**

**COMPANY SHIP-TO ADDRESS**

NAME: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY / STATE / ZIP: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE EMAIL ADDRESS FOR SENDING INVOICES TO:**

PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

EMAIL ADDRESS FOR INVOICES

**PURCHASING CONTACT**

**ACCOUNTS PAYABLE CONTACT**

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FEDERAL TAX (E.I.N.) NUMBER: \_\_\_\_\_

OR INDIVIDUAL'S SOCIAL SECURITY #: \_\_\_\_\_

IF TAX-EXEMPT FROM SALES TAX (MUNICIPALITY, NATION, RESELLER), PLEASE ATTACH

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

ENTERED: \_\_\_\_\_

DATE: \_\_\_\_\_