

BASIC CUSTOMER SET UP

NO CREDIT REQUESTED

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| --- |
| COMPANY NAME:  |
| COMPANY ADDRESS:  |
| COMPANY CITY/ST/ZIP:  |
| COMPANY PHONE:  |
| COMPANY FAX:  |
| COMPANY EMAIL:  |
| COMPANY CONTACT NAME/TITLE:  |
| COMPANY SHIP TO (IF DIFFERENT FROM BILL TO): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| BUSINESS TYPE:  |