

WestwindTM

Date:

NEW CUSTOMER INFORMATION FORM

Business Name:				
Do You Have A Sales Tax Exemption?			If Yes, Please Email Or Fax.	
Decision Maker:			Email Address:	
Mailing Address 1:				
Mailing Address 2:				
City, ST, Zip:				
Phone:			Mobile Number:	
Fax:			Alt Phone:	
Shipping Address 1 <i>(if different than mailing address)</i> :				
Shipping Address 2:				
City, ST, Zip:				
Alternate Contact:			Email Address:	
Desired Lead Time:			Delivery Hours:	
Send Acknowledgements via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail				
Email Address:				
Send Invoices via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail				
Email Address:				
Requested Terms: <input type="checkbox"/> CC <input type="checkbox"/> E-Check <input type="checkbox"/> COD-Check <input type="checkbox"/> Open				
Requested Credit Limit:				
Comments:				