NEW CUSTOMER INFORMATION

Company Name _____ **Date** _____

Billing Address _____ **Zip**_____ **Phone** (____)_____

Ship To Address _____ **Zip**_____ **Fax** (____)_____

City _____ **State**_____ **eMail** _____

Federal ID# _____ **State ID#**_____ **SIC Code**_____ **Tax Exempt Yes / No**

Is Your Company a _____ **Corporation (If Yes, then State** _____**)** _____ **Partnership** _____ **Sole Proprietorship**

Date Business Established _____ **Type of Business** _____ **No of Employees** ____

President/Owner _____ **A/P Contact** _____

Note: If Tax Exempt in the States of CO, NM or TX, we must have a Tax Exempt Certificate on file.

Bank Reference **Bank Name** _____ **Account#** _____

Contact Person _____ **Phone#** _____

Trade References

Name _____ **City/ST** _____

Contact _____ **Phone** _____ **Fax**_____

Name _____ **City/ST** _____

Contact _____ **Phone** _____ **Fax**_____

Name _____ **City/ST** _____

Contact _____ **Phone** _____ **Fax**_____

Name _____ **City/ST** _____

Contact _____ **Phone** _____ **Fax**_____

Office Use Only	CA	CL	Terr	Tax	Date

☐ **Corporate Office**

PO Box 94900
Albuquerque, NM 87199
505-889-8828
Fax 505-889-0804

☐ **El Paso**

10937 Pelicano Dr
El Paso, TX 79935
915-772-1775
Fax 915-772-7161

☐ **Denver**

4770 S. Wyandot St
Englewood CO 80110
303-761-1666
Fax 303-761-3555