

New Customer Information Sheet

Legal Name: _____ Federal Tax ID#: _____

DBA: _____ Type of Business: _____

Website: _____ Year Established: _____

Accounts Payable Contact Name: _____ Accounts Payable Telephone Number: _____

Accounts Payable Email Address: _____ Preferred Payment Method: _____ ACH _____ Wire

Estimated Monthly Purchases From Val-Fit: _____ Check _____

Receive invoices by email or regular mail? _____ Email _____ Mail If email, please provide the preferred email address: _____

Is this a subsidiary or branch location? _____ Yes _____ No If yes, please provide parent company name? _____

Mailing Address

Shipping Address

Mailing Address 1: _____ Shipping Address 1: _____

Mailing Address 2: _____ Shipping Address 2: _____

Mailing City / State / Zip: _____ Shipping City / State / Zip: _____

Mailing Country: _____ Shipping Country: _____

Bank Reference

Bank Name: _____ Address Line 1: _____

Attention: _____ Address Line 2: _____

Email Address: _____ City / State / Zip: _____

Account Number: _____ Bank Routing Number: _____

Phone Number: _____ Fax Number: _____

Trade Reference 1

Name:	_____	Address Line 1:	_____
Attention:	_____	Address Line 2:	_____
Email Address:	_____	City / State / Zip:	_____
Phone Number:	_____	Fax Number:	_____

Trade Reference 2

Name:	_____	Address Line 1:	_____
Attention:	_____	Address Line 2:	_____
Email Address:	_____	City / State / Zip:	_____
Phone Number:	_____	Fax Number:	_____

Trade Reference 3

Name:	_____	Address Line 1:	_____
Attention:	_____	Address Line 2:	_____
Email Address:	_____	City / State / Zip:	_____
Phone Number:	_____	Fax Number:	_____

Trade Reference 4

Name:	_____	Address Line 1:	_____
Attention:	_____	Address Line 2:	_____
Email Address:	_____	City / State / Zip:	_____
Phone Number:	_____	Fax Number:	_____

For Internal Use Only

Customer ID:	_____	Corporate Address ID:	_____
Sales Terms:	_____	Credit Status:	_____
Sales Rep ID:	_____	Credit Limit:	_____
Default Branch:	_____		
Sales Tax Exemption State:	_____	Sales Tax Exemption ID Number:	_____
Sales Tax Exemption Certificate on File	_____	W9 On File:	_____