



New Account Request

*** All information is required and must be typed. Incomplete forms will not be processed.**

Submit to: Leslie Congilosi, Sales & Marketing, NY		Fax: 914-829-2003 or Email: lcongilosi@reliablesprinkler.com
INTERNAL SALES SECTION		
Date:	Account #: <i>(will be assigned)</i>	Region:
Sales Person:		Salesman Code:
Requested By:	Parent Company Name & Acct #	Prospect in CRM: Yes <input type="checkbox"/> No <input type="checkbox"/>

COMPANY INFORMATION	
Company Name:	

Telephone #:	Fax #:
	Member of: NFSA Yes <input type="checkbox"/> No <input type="checkbox"/> AFSA Yes <input type="checkbox"/> No <input type="checkbox"/>
State Tax: YES NO	Tax Exempt #: (Send copy of the certificate)

Contact Name:	
Title:	
Email Address:	E Form Acknowledgement: Yes <input type="checkbox"/> No <input type="checkbox"/>

BILL TO ADDRESS		
Email Address for Invoices:		
Address:		
City:	State:	Zip:
County: (If in CA, CO, FL, GA, ID, IL, MN, NJ, NY, TX, WA)		Country:

SHIP TO ADDRESS		
Address:		
City:	State:	Zip:
		Country:

THIS SECTION FOR NY SALES DEPARTMENT USE ONLY!			
Notes:			
		Date	Initials
AS400			
CRM			