



Submit to: Jenny Fessler		Email: jfessler@reliablesprinkler.com
INTERNAL SALES SECTION		
Date:	Account #: <i>(will be assigned)</i>	Sales Rep:
Warehouse	Currency: ORG:	Salesman Code:
Requested By:	Parent Company Name & Acct #	Prospect in CRM: Yes <input type="checkbox"/> No <input type="checkbox"/>

Company Name: _____

Telephone #:	Fax #:
	Member of: NFSA Yes <input type="checkbox"/> No <input type="checkbox"/> AFSA Yes <input type="checkbox"/> No <input checked="" 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"/>

Email Address for Invoices:		
Address:		
City:	Province:	Postal Code:
County: (If in applicable)		Country:

Address:		
City:	State:	Zip: Country:

Notes:

		Date	Initials
	AS400		
	CRM		