



New Account Request

PLEASE TYPE

Submit to: Leslie Congilosi, Sales & Marketing, NY		Fax #: 914-829-2003
INTERNAL SALES SECTION		
Date:	Account #:	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:	Distributor: Yes <input type="checkbox"/> No <input type="checkbox"/>

Telephone #:	Fax #:		
Terms:	Year Started:	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 #: (ask customer to fax a copy of certificate)		

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

BILL TO ADDRESS		
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		