



NEW CUSTOMER INTAKE FORM

Company Name_____

Company Phone_____

Company Fax_____

Additional Phone_____

Primary Contact_____

Position_____

Email_____

Office Phone_____

Cell Phone_____

Billing Address_____

City_____ State_____ Zip_____

If NOT Primary Contact:

Additional Billing Contact_____

Position_____

Email_____

Office Phone_____

Cell Phone_____

Sales Person Info_____

Sales Tax YES or NO

If NO, we can only turn off sales tax with a valid tax exemption form.

Tax form provided: YES or NO