Customer Intake Application

Company Name: _____

Main point of Contact: _____

Address (include suite or floor #): _____

City: _____ State: _____ Zip: _____

Office Phone #: _____ Cell Phone #: _____

Primary email: _____

Years in business: _____ Number of Employees: _____

Names of employees allowed to purchase under account:

_____

_____

In a few words please explain the nature of your business:

_____

_____

Accounts Payable Contact

Name: _____

Phone Number: _____

Email Address: _____

Preferred method of payment: Check   Credit Card