



NEW ACCOUNT FORM

ACCOUNT # \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

PHONE # \_\_\_\_\_ E-MAIL: \_\_\_\_\_ FAX # \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

TAXABLE YES \_\_\_\_\_ NO \_\_\_\_\_ TAX EXEMPT # \_\_\_\_\_

\*\* IF EXEMPT, MUST SUBMIT TAX EXEMPT FORM \*\*

IF TAXABLE, NAME OF COUNTY \_\_\_\_\_

NAME OF OWNER(S) / PARTNERS \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

MANDATORY PURCHASE ORDER YES \_\_\_\_\_ NO \_\_\_\_\_

FORKLIFT AVAILABLE FOR UNLOADING YES \_\_\_\_\_ NO \_\_\_\_\_

TIME OPEN FOR DELIVERY START \_\_\_\_\_ CLOSE \_\_\_\_\_ DEL. DAY \_\_\_\_\_

DIRECTIONS / AND OR COMMENTS \_\_\_\_\_

OFFICE USE ONLY

SALES NAME & NO. \_\_\_\_\_ NEWSLETTER \_\_\_\_\_ MIDMONTH \_\_\_\_\_

CREDIT \_\_\_\_\_

rev 102018

Please fax completed form to 1-412-279-6687 or e-mail to sales@maildsi.com

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