



NEW ACCOUNT FORM

ACCOUNT # _____ DATE _____

COMPANY NAME _____

PHONE # _____ FAX # _____

E-MAIL: _____

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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