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NEW ACCOUNT SET UP SHEET

CUSTOMER NAME: _____

BILLING ADDRESS: _____

SHIP TO ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

ACCOUNTS PAYABLE CONTACT: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

DO YOU PREFER INVOICES TO BE EMAILED OR MAILED? _____

PURCHASING CONTACT: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

DO YOU PREFER ORDER CONFIRMATIONS EMAILED? _____

IS A PURCHASE ORDER NUMBER REQUIRED YES _____ NO _____

IS A DOCK TIME NEEDED FOR DELIVERY YES _____ NO _____

IF YES PLEASE LIST CONTACT _____ PHONE NUMBER _____

DOCK HIGH YES _____ NO _____

RECEIVING HOURS _____ DO YOU HAVE A FORKLIFT YES _____ NO _____

TAXABLE YES _____ NO _____ IF NO, INCLUDE EXEMPTION CERTIFICATE

SPECIAL INSTRUCTIONS: _____

