



PO Box 4
Pittsburg, KS 66762-0004
Phone: (620) 231-3610

902 E. Jefferson Street
Pittsburg, KS 66762
Fax: (620) 231-2545

NEW CUSTOMER INFORMATION SHEET

Business Entity Name: _____

Dba Name: _____

Contact Person: _____

Billing Address: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Business Phone No: _____ Fax No: _____

Email Address: _____

Owner's Name: _____

Owner's Home Address: _____

Owner's Tax ID (Soc Sec No): _____

Owner's Phone No: _____

Sales Tax (Resale Exemption No): _____

Business Cigarette / Tobacco License No: _____

Sales Territory: _____ Sales Rep: _____

Salesman Call Day(s): _____

Delivery Days: _____

Truck: _____ / _____ Stop: _____ / _____

Customer Pricing Structure: _____

Directions to Location: _____

Note: Terms are Pay On Receipt (P.O.R.) until credit approved.

Additional Bank and Trade References Information required for all new accounts.

I hereby agree to personally guarantee payment on demand; any sum for material and supplies sold and delivered to my business. It is further understood that I will be responsible for any attorney's fees, bank fees and collection costs according to the law, if procedures are instituted.

Owner Signature: _____

Date Signed: _____