



**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: _____