

NEW CUSTOMER INFORMATION



204 N FRONT STREET

ROANOKE

TEXAS

76262

800.548.5289

PLEASE COMPLETE & RETURN WITH FIRST REPAIR OR CALL & WE WOULD BE GLAD TO COMPLETE IT FOR YOU

INFORMATION

Company Name: _____

Shipping Address: _____
Street City St zip

Billing Address: _____
Street City St zip

CONTACTS

Name Phone Fax E-Mail

Quoting / Customer Service

Accounts Payable

SHIPPING PREFERENCES

Receive Quotes: email (email address)_____ fax (fax number)_____ phone _____

Shipping Carrier: UPS FED EX

Shipping number: P1 # Customer # _____

Standard Shipping method: ground 3 day 2nd day next day (3:30 pm) next day priority (10:30 am)

RUSH! Shipping method: ground 3 day 2nd day next day (3:30 pm) next day priority (10:30 am)

RUSH shipping: use automatically when specified RUSH! only when specifically instructed

Blind (NO Priority One Packing Slip) Include NO paperwork (including packing slip)

Packing Slip Needed: NO YES *If Yes:* Priority One Packing Slip Customer Provided
Price on Packing slip NO YES

PO # Needed: NO YES
If Yes: Put PO on outside of box Required before repair can be shipped? NO YES

When will PO # be sent: _____ *Ex: with repair request; upon approval*

Special Instructions: _____

Priority One Sales Rep: _____ **Rep #** _____