

Customer:	
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	Accounting	Ship to Address <input type="checkbox"/> Same as Billing
Street		
City & State		
Zip Code		
Contact		
Main Phone		
Fax Number		
E-Mail		
Contact.		
Main Phone		
Fax Number		
E-Mail		
Sales tax setting:		
Resale/NFP #:		
EIN:		
Website		Receiving Time Window to

Projected Order Volume: _____

Authorized officer signature: _____

(NewEraSOS use only)

Customer ID Number:	
Customer Class/Industry:	
Payment terms:	
Credit limit:	
Payment mode: (Check, CC, etc.):	

Terms approved by (Date): _____

Contact		Sales Representative
Main Phone		
Fax Number		
E-Mail		
Contact.		Accounts Payable
Main Phone		
Fax Number		
E-Mail		
Contact		Marketing
Main Phone		
Fax Number		
E-Mail		
Contact.		HR
Main Phone		
Fax Number		
E-Mail		
Contact		Other:
Main Phone		
Fax Number		
E-Mail		
Contact.		Other:
Main Phone		
Fax Number		
E-Mail		
Contact		Other:
Main Phone		
Fax Number		
E-Mail		
Contact.		Other:
Main Phone		
Fax Number		
E-Mail		

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