

| NEW CUSTOMER SET-UP FORM  |               |              |                         |              |           |
|---|---------------|--------------|-------------------------|--------------|-----------|
| Legal Company Name:   |               |              |                         |              |           |
| Trade Name:   |               |              |                         |              |           |
| BILLING STREET ADDRESS:   |               |              |                         |              |           |
| City:   |               |              | State:                  |              | ZIP Code: |
| Phone:  |               | Fax:         |                         |              |           |
| SHIP TO STREET ADDRESS:   |               |              |                         |              |           |
| City:   |               |              | State:                  |              | ZIP Code: |
| Phone:  |               | Fax:         |                         |              |           |
| Order Confirmations Should Be Sent To:  |               |              | E-mail:                 |              |           |
|   |               |              | FAX:                    |              |           |
| What type of business:  |               |              |                         | D&B#:        |           |
| Date company founded:   |               |              |                         |              |           |
| Sole proprietorship:  |               | Partnership: |                         | Corporation: | Other:    |
| Date of Corporation:  |               |              | State of Incorporation: |              |           |
| How long at current address?  |               |              |                         |              |           |
| Premises: (principal) Leased_____ Owned_____  |               |              |                         |              |           |
| Estimated yearly volume:  |               |              |                         |              |           |
| Owner:  |               |              | President:              |              |           |
| Accounts Payable  | Contact Name: |              | Phone:                  |              |           |
|   | Email:        |              | Fax:                    |              |           |
| <b>Taxable: Yes_____ No_____</b><br><b><u>If TAX EXEMPT, please remit a copy of your sales tax exemption form.</u></b><br><b><u>An account can't be established without this documentation.</u></b> |               |              |                         |              |           |
| Tax exempt number:  |               |              |                         |              |           |

|                  |    |     |    |      |  |  |  |
|------------------|----|-----|----|------|--|--|--|
| DOF INTERNAL USE | SP | DIV | PL | WHSE |  |  |  |
|------------------|----|-----|----|------|--|--|--|