

NEW ACCOUNT REGISTRATION

Whom may we thank that refe	er you here today? (Please give us nam	e of the contractor or fri	ends/family who re	ferred us to you.)	
Individual Name / Company N	Name:				
HOW DID YOU FIND OUT ABO	OUT US? (Please check all that apply)			
Search Engine (Google,	Family / Friends	Family / Friends* (Please give us detail below)			
○ Yelp	Magazine AD	Magazine AD			
Social media (Facebook,	Website	Website			
Email / E-flyers	Trade fairs	Trade fairs			
Contractor * (Please give us detail below)		Other:	Other:		
		'			
CUSTOMER INFORMATION					
Company / Contractor Name:					
Billing Address:					
City:		State:		Zip Code:	
Phone #:		Website:			
Tax ID#:		Seller's Permit#:		7	
Contractor Licence#:		Type of Licence:			
Driver's Licence#:		Date of Birth:		(417)	
Ship to address					
City:		State:		Zip Code:	
Contact Person:		Phone#:		000	
Email:					
Business Type: (Please select all that apply)					
Designer General Contractor Sub-Contractor Installer Fabricator Realtor Distributor Building Material Shop Other					
Annual Sales:				< C	
Under \$100,000 \$100,000 - \$300,00 \$300,000 - \$500,000 \$500,000 - \$1million Over 1 Million					
Supporting Documents for Opening Account:					
Customer Name (Print)	C	Customer Signature:			
Date:					
				Ц	
FOR BCS USE ONLY					
Sales Rep:				-	
Credit Line:					
Terms: COD	COD Net 30 Other				
Price Level:					
Note:					
Processed by:					