



# New Customer Form

Date: \_\_\_\_\_ Rep: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

A/P Contact: \_\_\_\_\_

A/P Email: \_\_\_\_\_

A/P Phone Number: \_\_\_\_\_

Invoices to be (Select one):

Mailed to: \_\_\_\_\_

OR

E-mailed to : \_\_\_\_\_

Resale Certificate?      Y      N

If yes, is the resale Certificate Copy Included?      Y      N

*If "NO" Please sign below to acknowledge that you will be responsible for paying your own sales tax for any purchases you make from iGAS USA:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is the Credit App Attached?      Y      N

Please estimate what you would like your monthly credit to be? \$ \_\_\_\_\_

\*\*\*REQUIRED\*\*\*

\*\*\* FOR CREDIT EXCEEDING \$50,000.00 PLEASE ATTACH TRADE REFFERENCES\*\*\*