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**21710 White Oak Drive**

**Conroe, TX 77306**

**P: 936-446-3300**

**TACLA22705E**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer Information Form** | | | | | | | |
| **Company Information** | | | | | | | |
|  | | | | | | | o New Customer |
| o Existing Customer |
| Customer Name (FULL Legal Business Name) | | | | | | | |
|  | | | |  |  | | |
| Name of Applicant | | | | Title of Applicant | | |
|  | | | |  | | |
| Date of Application or Update (for existing customers): | | | | Main Phone Number | | |
|  | | | | | | | |
| **Accounts Payable Information** | | | | | | | |
|  | | | |  |  | | |
| Accounts Payable Contact Name | | | | Accounts Payable Phone Number | | |
|  | | | |  | | |
| Accounts Payable Fax Number | | | | Accounts Payable Email Address | | |
|  | | | | | | | |
| **Tax Information** | | | | | | | |
| Is Customer a Reseller? | | o No o Yes  *If yes, please provide a copy of your current Resale Certificate.* | | | | | |
| Is Customer Tax Exempt? | | o No o Yes *If yes, please provide a copy of your current Tax Exemption Certificate.* | | | | | |
|  | | | | | | | |
| **Bill To & Ship To Address Information** | | | | | | | |
| **Bill To:** | | | |  | **Ship To:** Same as “Bill To”? o No o Yes *If yes, skip to next section.* | | |
|  | | | |  | | |
| Name | | | | Name | | |
|  | | | |  | | |
| Address | | | | Address | | |
|  | | | |  | | |
| City State Zip | | | | City State Zip | | |
|  | | | | | | | |
| **Payment & Billing Options** | | | | | | | |
| Please select the billing option that you prefer. o Postal Mail o Email o Fax | | | | | | | |
| Please select the payment option that you prefer. o Cash o Check o Net Terms | | | | | | | |
| If selecting “Net Terms” please fill out Credit Reference Section & Banking Information Section on New Customer Reference Form (Page 2). Otherwise, payment is due immediately upon our completion of work. Approval for “Net Terms” is not only upon credit references, but upon management approval. “Net Terms” are NOT available for Parts Sales, unless preapproved by management. | | | | | | | |
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|  | | | |  |  | | |
|  | | | |  |  | | |
|  | | | |  |  | | |
| Signature | | | |  | Date | | |
|  | | | | | | | |
|  | | | | | | | |
| **For Office Use Only** | | | | | | | |
| **Date Received** | **Date Entered** | | **Date Approved** | | | **Approval Signature** | |
|  |  | |  | | |  | |
| **New Customer Reference Form** | | | | | | | |
|  | | | | | | | |