



NEW CUSTOMER FORM

Patterson Equipment Company

CUSTOMER INFORMATION

Company's Legal Name:	Inc. / other
------------------------------	---------------------

Company's Business Name:	Inc. / Other
---------------------------------	---------------------

BILLING ADDRESS

Street:	State:
City:	POSTAL/ZIP CODE:
Tel:	Fax#
Email:	
PO required on all orders: Yes or No (please circle one)	

SHIPPING INFO

Shipping Address Same as above <input type="checkbox"/> or indicate other address below	
Ship Via :	
Street:	State:
City:	Postal/ZIP Code:
Tel:	Fax#

CONTACT INFORMATION

Name:	Telephone	Email
Owner:	Reg:	
	Cell:	
Buyer:	Reg:	
	Cell:	
AP: Invoice email or Fax	Email/Fax:	
Statement: email or Fax	Email/Fax:	

PAYMENT METHOD

Check or CC (please circle one)	Tax exempt yes or no (please circle one)
If you would like to open an account, please inquire about <i>Credit Application Form</i>	
Credit Card: Visa or Master Card AMX	
Card Holder's name:	
Card #	Exp Date:
	Sec Code : (3 digits)