



PRIME INDUSTRIAL FASTENERS  
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## Customer Form

### Customer Information

|                                                                                                                                                |  |                         |        |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--------|
| New Customer: <input type="checkbox"/> Existing Customer: <input type="checkbox"/>                                                             |  |                         |        |
| Name of Business:                                                                                                                              |  |                         |        |
| Phone:                                                                                                                                         |  | FEIN / Tax I.D. Number: |        |
| Industry:                                                                                                                                      |  |                         |        |
| Tax Exempt? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>*If yes, please attach your current Resale Tax Certificate (DR13)*</b> |  |                         |        |
| Billing Address:                                                                                                                               |  | City:                   | State: |
| Shipping Address: (Fill if other)                                                                                                              |  | City:                   | State: |
| Contact Name:                                                                                                                                  |  | Title:                  |        |
| Phone:                                                                                                                                         |  | Email:                  |        |

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*