



PRIME INDUSTRIAL FASTENERS
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Customer Form

Customer Information

New Customer: <input type="checkbox"/>	Existing Customer: <input type="checkbox"/>	INTERNAL USE Acct#:	Salesperson:	Payment Terms:
Name of Business:				
Phone:	FEIN / Tax I.D. Number:	Type of Business:		
If you are a reseller, please attach your current Resale Tax Certificate (DR13)				
Billing Address:	City:	State:	Zip:	
Shipping Address:	City:	State:	Zip:	
Contact Name:	Title:			
Phone:	Email:			
Invoices: Emailed <input type="checkbox"/>	Mailed <input type="checkbox"/>	Printed <input type="checkbox"/>	If Emailed:	

Print Name

Title

Signature

Date