



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:	Industry:	
Tax Exempt? Yes <input type="checkbox"/>		No <input type="checkbox"/> *If yes, 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