



NEW CUSTOMER FORM

Company Name _____ Date _____

Phone _____ Fax _____

Billing Address:

Shipping Address:

Purchasing Contact Name _____ Email _____

Accounts Payable Contact Name _____ Email _____

Invoicing Email _____

Mark an X here to receive ACH Banking Information _____

Additional Contacts (Owner, CEO, Tool Crib, Engineering)

Title _____ Name _____ Email _____

Title _____ Name _____ Email _____

Title _____ Name _____ Email _____

****Please return this form along with the following items. Please make sure to fill out form completely.**

-Credit/Bank References

-W-9 Tax ID Form

-ST3 Sales Tax Exempt Form (MN only)

Signature (person completing form) Date

Title

*****Please return complete form and requested information to sales@ntminc.com**