



**NEW CUSTOMER INFORMATION**

**TEXAS RETAILERS - PLEASE PROVIDE A COPY OF YOUR TEXAS STATE SALES TAX EXEMPTION FORM**

In order for us to create a complete company profile and provide you with the best customer service please fill out all requested information as completely as possible. Some of this information is used to provide you with additional service, such as - emailing/faxing invoice upon shipment and listing your company on our website as a retail store.

**Customer Information**

Company Name: \_\_\_\_\_ Business Hours: \_\_\_\_\_
Billing address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Shipping address: \_\_\_\_\_ Receiving Hours: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_
Contact Name #2: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_
Email: \_\_\_\_\_ Contact #2 email: \_\_\_\_\_
Fax: \_\_\_\_\_ Rep or where you heard about us: \_\_\_\_\_
Website: \_\_\_\_\_

**Shipping Information**

In an effort to get you the smoothest delivery and the lowest prices available for the services you need, please fill out all the requested information as completely as possible. PLEASE NOTE: Customers who do not have unloading provisions such as an elevated dock or forklift are subject to LIFT GATE fees. Drivers may allow passing down the load by the individual box thus avoiding a lift gate charge.

Shipping Location Zoned: Commerical \_\_\_\_\_ Residential \_\_\_\_\_
Do you have: a loading dock: \_\_\_\_\_ Forklift: \_\_\_\_\_ Do you need Lift Gate Service: \_\_\_\_\_

**Payment Information**

All invoices must be paid at time of shipping unless you are a True Value store that will bill through True Value. We accept MC, Visa, Amex, Discover and e-check on line with link provided on Invoice. Business Checks will be accepted but must clear bank before the order can ship.

Please check your preferred payment option:

MC \_\_\_\_\_ Visa \_\_\_\_\_ Disc \_\_\_\_\_ Amex \_\_\_\_\_ E-check \_\_\_\_\_ Business Check \_\_\_\_\_ TV \_\_\_\_\_
Card Number: \_\_\_\_\_ EXP date: \_\_\_\_\_
Name on Card: \_\_\_\_\_ Security code: \_\_\_\_\_
Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Signature of Person Completing this packet: \_\_\_\_\_

PLEASE FAX COMPLETED FORM TO: 888-261-3232 OR EMAIL TO: tmc@torransmfgco.com