



# New Customer Enrollment Form

## Billing Information (please fill completely)

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Ste: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing e-mail address: \_\_\_\_\_

Do you use purchase order #'s? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you need Administrative approval on orders? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any special Accounting needs? \_\_\_\_\_

## Administration Information

Ship-To information is the same as the Billing Information.

Primary Ship-To Address: \_\_\_\_\_ Ste: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Preferred Username: \_\_\_\_\_ Password: \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Alternate Ship-To Address: \_\_\_\_\_ Ste: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Preferred Username: \_\_\_\_\_ Password: \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Alternate Ship-To Address: \_\_\_\_\_ Ste: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Preferred Username: \_\_\_\_\_ Password: \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Additional Shipping Locations**

Alternate Ship-To Address: \_\_\_\_\_ Ste: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Preferred Username: \_\_\_\_\_ Password: \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Alternate Ship-To Address: \_\_\_\_\_ Ste: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Preferred Username: \_\_\_\_\_ Password: \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Alternate Ship-To Address: \_\_\_\_\_ Ste: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Preferred Username: \_\_\_\_\_ Password: \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Alternate Ship-To Address: \_\_\_\_\_ Ste: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Preferred Username: \_\_\_\_\_ Password: \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Alternate Ship-To Address: \_\_\_\_\_ Ste: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Preferred Username: \_\_\_\_\_ Password: \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Instructions:**

Once you have completed the information on this form, please fax Toll Free to (866) 273-2339 or Email to: CSR@bizsupplies.com. Our Customer Service Team will setup your new account and notify you by email that your account has been established. For security purposes, you can enter your credit card information with your initial order and our secure server will maintain your credit card information on file.