

APPLICATION DATE: _____

Revision 9/7/01

INPUT DATE: _____ TIME: _____

MERCER VALVE COMPANY, INC.

NEW CUSTOMER INFORMATION SHEET

ACCOUNT#: _____ TAX EXEMPT- YES _____ / NO _____

BILLING INFORMATION

CUSTOMER NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

E-MAIL (for shipping notification): _____

ACCOUNTS PAYABLE CONTACT: _____

PURCHASING CONTACT: _____

PAYMENT OPTIONS

SALES PERMIT # : _____

If they are tax exempt we must have a copy of the sales tax permit)

DUNS #: _____

PAYMENT OPTIONS: NET30 _____ CREDIT CARD _____ COD _____

REQUESTED CREDIT: \$ _____

(If they are requesting credit please supply either you DUNS # or trade references)

FIRST ORDER DATE : _____ AMOUNT \$ _____

SHIPPING INFORMATION

CUSTOMER NAME : _____

SHIPPING ADDRESS : _____

CITY, STATE : _____ ZIP : _____

COUNTY : _____ INSIDE CITY LIMITS : YES / NO

PHONE # : _____ FAX #: _____