



REV 1
7/26/2010
SE001-FM

New Customer Information Form

Billing Information

Customer Name:

Billing Address:

City: State: Zip:

Phone Number: Fax Number:

A/P Contact Name: Purchasing Contact Name:

A/P Phone Number: Purchasing Phone Number:

A/P E-mail: Purchasing E-mail:

Shipping Information

Customer Name:

Ship to Address:

City: State: Zip:

Phone Number: Fax Number:

Tax Exempt: Sales Permit Number: Duns Number:

(If exempt we must have a copy of the sales tax exemption certificate)

Payment Options: Requested Credit: (If requesting credit please supply 3 trade references, bank reference and owner information)

Credit Card Options: Card Number: Exp:

Credit Card Billing Address:

P.O. Required: Are Verbal P.O.'s OK:

All statements above are true and accurate to the best of my knowledge. I authorize Mercer Valve Company Inc. to make any and all inquires necessary for this application.

Customer Signature: Date: