

<u>Customer</u> Application

801 Exchange St. Buffalo, N.Y. 14210 Toll Free: (800) 888-1373 Fax: (716) 822-1714

CUSTOMER INFORMATION (Please fill out ALL information)	CUSTOMER	R INFORMATION	(Please fill out	ALL information)
--	----------	---------------	------------------	------------------

DATE:

Business Name:	(Please fill out ship to address if different from bill to address)
Bill to Address:	Ship to Address:
City:	City:
State: Zip:	State: Zip:
Phone () Fax ()	Phone () Fax ()
Contact Email (<i>Required</i>):	Taxable Status: () Exempt () Not Exempt Exempt number:
If Exempt, did you attach your certificate? ()YES ()NO (Must provide signed & completed form if tax exempt)	Submitted by:

Office Use Only Below This Line

BRANCH INFORMATION (office use only) (Please Fill Out All Information)				
Salesman's Name:	Territory Number:			
Store Manager:	Customer Type:()OEM ()MRO ()RESELLER			
Order Pending: () YES () NO - If yes, amt of order \$	Profit Center:			
Tax Jurisdiction: Tax %	NAICS Code:			
	Approved by:			

CORPORATE OFFICE (office use only)

Date:	Customer Number:
Entered in System: (initials)	Advise Branch Info Is In The System: (initials)

Buffalo, NY Tonawanda, NY Rochester, NY Erie, PA Washington, P
--