

New Customer Registration Form



Please return completed form to Shayna Muldoon at 774-396-6610 (fax), or smuldoon@clarkliving.com

Company Name _____

Owner, Officer, Principal Name: _____

Federal Tax ID: _____ Years in Business: _____

(Please attach form [W9](#) and resale certificate if applicable [MA](#), [CT](#), [RI](#), [VT](#), [ME](#), [NY](#), [NJ](#))

Check if same as shipping address

Shipping		Billing	
Address		Address	
City		City	
State	Zip	State	Zip

Sales Contact	
Name	Email
Phone	Fax

Accounts Payable Contact	
Name	Email
Phone	Fax

Requested Terms COD Net 30 (please provide references below)

Credit References		
Name	Fax	Email
1.		
2.		
3.		

Bank Reference	
Bank Name:	Address:
Contact Name:	Account #:
Phone:	Fax:

I authorize Certified Appliance Parts to obtain financial references from the above institutions.

I wish to enroll in Certified Appliance Parts ACH payment program (see attached form for sign up)

Signature: _____ Date: _____

Printed Name: _____