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sales@regalideas.com regalideas.com

New Customer Application Form

Group	: No Yes, Gr	oup Name		Store #				
Compa	any Name:							
Billing	address:			Fed.ID (US):				
City: _		State:	Zip/Postal Code:	Bus.ID (CAD):				
Tel 1:	()	Tel 2: ()						
Fax: (_)	Website:		email:				
Year I	ncorporated	Dur	n & Bradstreet #					
Office	Contact:		email:	_ email:				
A/P Contact:			A/P email:	_ A/P email:				
Invoice email:			Shipping Notification	Shipping Notification email:				
Credit	Limit Requested	: \$						
Bank N	Name & Address:	:						
City: _		State/Province:						
		Bank contact:						
		D. C.		A 11				
1)	Trade References 1)			Address				
1)				ail:				
•								
2)								
	Tel: ()	Fax: () em	ail:				
3)								
	Tel: ()	Fax: () em	ail:				

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Delivery Location:		□ Same as billing				
Address:						
City:	_ State/Province:		_ Zip/Postal Co	ode:		
Геl: () Fax:	()					
Contact:						
Shipping Instructions:						
Routing Guide Yes	No					
Customer carrier for parcel size ord	ers					
Shipping Company:	_ Account # _					
Customer carrier for large freight o	rders					
Shipping Company:	_ Account # _					
 Our standard payment term To pay finance charge equivery paragraph 1. 	•				-	
3) Regal ideas may cancel this a	areament without n	otice in the eve	nt of any broad	of any agreement by	ha annliaant	
4) I certify that I have read the			•			
i) I corony onuc i nu ve redu ene		g. ,	en of the uppn	same company is correct	•	
Name of Applicant & Title	ure	Date				
For Regal Ideas representati		7	/endor #			
Sales representative:						
Default W/H: DT-01		CH-30	SE-40	FM-50		
□ Stocking □ Non-stocking Pre-Paid Shi			Price Level:			
Payment Terms:	_					
Special Instructions:						
Amount Approved:						
Approved by (Print):	Si	gnature:		_ Date:		

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