



NEW CUSTOMER SETUP FORM

FAX Completed Form to 724.658.5138 Attn: IPEC Sales Department

BASIC CUSTOMER INFORMATION

Company name:

Parent/Group:

Bill to address:

City:

State:

ZIP:

Primary contact name:

Title:

Phone:

Ext.

Cell:

Fax:

E-mail:

Secondary contact name:

Title:

Phone:

Ext.

Cell:

Fax:

E-mail:

CREDIT INFORMATION

Orders for less than one pallet of product require prepayment, COD or credit card.
IPEC accepts MasterCard, Visa, Discover and American Express.

Credit Application has been completed and is attached.

Tax exempt number:

Tax Exempt Certificate is attached.

Credit card name:

Number:

Expiration date:

RECEIVING INFORMATION

Ship to address:

City:

State:

ZIP:

Receiving contact name:

Title:

Phone:

Ext.

Cell:

Receiving hours:

Receiving Days:

Weekdays

Monday Tuesday Wednesday Thursday Friday

Weekends

Saturday Sunday

IPEC will arrange freight:

Yes

No

Special receiving requirements:

Additional ship to locations:

City:

State:

ZIP:

City:

State:

ZIP: