



New Customer Information

Business Name: _____

Billing/Mail Address: _____

County _____

City/State/Zip _____

Tax Exempt?: Yes _____ No _____ *If "yes", please fax tax exempt certificate*

Shipping Address: _____

City/State/Zip _____

Main phone # (_____) _____

Fax#: (_____) _____

CONTACTS: (Please list 2)

Name #1: _____

Title: _____

Cell phone: _____

E-mail: _____

Name #1: _____

Title: _____

Cell phone: _____

E-mail: _____

If you currently have a Power Curber machine, please provide:

Model: _____ Serial #: _____ Year _____

