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## **New Customer Account Form**

Account Name:	
Accounts Payable Address:	
Accounts Payable Contact:	Email:
Accounts Payable Phone:	Fax:
Purchasing Contact:	Email:
Purchasing Phone:	Fax:
Account Tax-Exempt? Y N <u>If yes, you</u>	u must submit a copy of your Sales Tax Permit with this form.
Ship-To Address:	
Ship-To Contact:	Email:
Ship-To Phone:	Fax:
Delivery Instructions (REQUIRED):	to front desk, in through back door, leave by supply closet, etc)
(Examples: go t	o front desk, in through back door, leave by supply closet, etc)
Delivery Payment Terms: (REQUIRED): Net-30	terms: Credit Card: COD:
balance on the account is past due. A finance c	elivery date. A statement will be mailed upon request or if the harge of 1.5% will be assessed on the unpaid balance for all past to terminate charging privileges on any account, at any time,
Salesman Name (if applicable):	
Would you like to receive an invoice/delivery tion	cket copy via email or fax? (If yes, please only fill in email OR fax)
No Yes: Email:	Fax:
Would you like to receive a monthly statement	via mail, email or fax? (If yes, please only fill in email OR fax)
No Yes: Email:	Fax:
Signed:	Date: