



Account # _____

Request for New Customer Set-Up

Email: info@ndaonline.net or Fax to: 949 361-3166

Date: _____

Sales Rep: _____

Bill To:

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Ph: _____ Fax: _____

Contact Name: _____ Email: _____

Ship To: same as above or ship to below (*circle one*)

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Ph: _____ Fax: _____

Contact Name: _____ Email: _____

Resale #: _____ (*Attach Resale Card*)

Office use only below

Credit Application Pending?

YES NO

Sales Group: ____

Sales Tax?

YES NO

If Yes to Sales Tax...

Tax Rate: _____

County Code: _____

If No to Sales Tax...

Resale #: _____

(*Attach Resale Card*)

Invoice Terms: _____

Comments: _____

Approved By _____