

# Needels Supply

444 Wacouta Street. St Paul, MN 55101-2327-  
Phone (651) 227-8331 Fax (651) 227-2453  
www.Needels.com

## New Customer Information

Date \_\_\_\_\_

Account Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
(If different from above)

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Person(s) authorized to purchase: \_\_\_\_\_ E-Mail \_\_\_\_\_

May we email you special promotions? Yes \_\_\_\_\_ No \_\_\_\_\_

Years in business: \_\_\_\_\_ Is Company Purchase Order Number required: \_\_\_\_\_

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

### **SUPPLIERS (3 required)**

Supplier #1 \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Supplier #2 \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Supplier #3 \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

**\*\*\*Are you tax exempt? NO \_\_\_\_\_ YES \_\_\_\_\_. If YES, please attach Tax Exempt forms.**

**\*\*If you would like to pay your account by Credit Card Please supply your card information:**

**Card Type: Visa-Mastercard-American Express Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_**

(Circle one)

**Signature Authorizing Use of Credit Card \_\_\_\_\_ 3 Digit Code \_\_\_\_\_**

**\*\*\*Signature Authorizing Release of Banking Information: \_\_\_\_\_**

**Internal use only: Salesman # \_\_\_\_\_ Account # \_\_\_\_\_ Goldmine \_\_\_\_\_**