

New Customer Enrollment Form

Company Name: _____

Phone: _____

Fax: _____

Contact Person: _____

Contact Person Cell: _____

Office Address: _____

Delivery Address: _____

(If different)

Billing Address: _____

(If different)

If you are sales tax exempt, please send us a copy of your resale certificate for each state applicable.

Notes: _____

How did you hear about us?:

Date: _____ Please send this form back to: ar@bluestarglass.net
To fill and submit online, visit: bluestarglass.net/customer-enrollment

Send order acknowledgements & quotes via:

(Please check & provide fax number or email address)

Fax Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Cell: _____

Emergency Contact Email: _____

Send packing slips via:

(Please check & provide fax number or email address)

Fax Number: _____

Email Address: _____

Send invoices slips via:

(Please check & provide fax number or email address)

Fax Number: _____

Email Address: _____

Please also note, if you are not sales tax exempt, but you are working on a tax exempt project, you must send us a copy of the certificate attached to each purchase order pertaining to the job.