

## New Customer Enrollment Form

Date: \_\_\_\_\_

Please send this form back to: [ar@bluestarglass.net](mailto:ar@bluestarglass.net)

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?:

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Cell: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

Send order acknowledgements & quotes via:

(Please check & provide fax number or email address)

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

Email Address: \_\_\_\_\_

Send packing slips via:

(Please check & provide fax number or email address)

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

Email Address: \_\_\_\_\_

Send invoices 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.