



NEW CUSTOMER SETUP INFORMATION

Please complete this form and fax or e-mail back to ArroChem.

Date: _____ Company Name: _____

Website address: _____

Main Phone Number: _____ Main Fax Number: _____

Ship To address: _____

City _____ State _____ Zip _____

Shipping Contact Person: _____ Phone: _____

E-mail Address: _____

Billing Address: (if different from above) _____

City _____ State _____ Zip _____

Billing Contact Person: _____ Phone: _____

E-mail Address: _____

Purchasing Agent Name: _____

Purchasing Mailing Address: _____

City _____ State _____ Zip _____

Phone: _____ E-mail address _____

Others Authorized to Place Orders: _____

Federal Tax ID (EIN) or SSN: _____ D&B # _____

NC Tax ID (if applicable) : _____ NC County (if applicable) _____

Customer Shipping Instructions: (Shipping & Delivery Requests, Dock Hours, Preferred Carrier, etc)
