



New Customer Information Sheet

Business Information

Business Name:		
Address:		Suite/Floor/Unit Number:
City:	State:	Zip Code:
Phone Number:	Fax Number:	Web Site:

Billing Information

Billing Name:		
Address:		Suite/Floor/Unit Number:
City:	State:	Zip Code:
Phone Number:	Contact Name:	Billing Email:

Authorized Purchaser Information

Authorized Purchaser Name:	
Job Title	Email:
Phone Number:	Cell Number:

Ship To Information

Ship To Business Name:		Location/Store Number (not address):
Address:		Suite/Floor/Unit Number:
City:	State:	Zip Code:
Location Phone Number:	Site Contact Name:	Site Contact Cell Number:

This form must be completed in its entirety. All new customers must pay by credit card for at least three purchases over a three-month period. Credit may be given after approved customer application and credit check. Credit Card payment authorization form, reseller certificate may be required before purchase. Send this completed form to sales@sentrymirror.com or fax to 661-251-8295.