



## New Customer Information Sheet

(Please Print)

Company Name: \_\_\_\_\_

Billing Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address:  Check if same as above

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Principal Contact:  Owner \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Preferred Payment Method: \_\_\_\_\_

Tax exempt (Resale) certificate MUST be on file with Gilbertie's Herb Gardens  
If you would like Net 30 terms please request a credit application.

For Office use only.

Tax Exempt (Resale) Certificate:  Rec'd. Set up by: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Application:  Rec'd.  Approved If NO reason: \_\_\_\_\_