

# Stephens Pipe & Steel, LLC

New Customer Entry Form

**\*\* PLEASE COMPLETE THIS FORM AND SUBMIT WITH FIRST WORKORDER TO BILLING PERSONEL.**

**\*\* Branches: Please complete and fax to home office prior to initial billing.**

Salesman: \_\_\_\_\_

All Information in this table must be complete:

Customer Name:	
Billing Address:	
City, St Zip:	
Shipping Address:	
City, St Zip:	
Phone #:	
Contact Name:	
Federal ID # or Owner Soc Sec #:	
Ship to County Name:	
Tax Rate or Sales Exempt / Resale #:	
Business Type (Personal Partnership, Corp):	
Special Shipping Instructions:	

Extra Contact Information:

Fax #:	
Cell #:	
Email Address:	

For Credit Department Use Only:

Terms:	
Credit Limit:	
Terms Approved by:	

\*\*\* This form is for Inter-company use only. It does not replace a standard credit application.

Comments:
