

# New Customer Information Form

for Waterfall Glass LLC  
dba Waterfall Bath Enclosures



**\*\*Please include with your completed application a copy of your Drivers License, Tax ID / DBA, and Exemption Certificate (if applicable).\*\***

Business Name \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Ship To (If Different) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Website \_\_\_\_\_

Tax ID Number / SSN: # \_\_\_\_\_  
 Tax Status, check one  
 Taxable  
 Tax Exempt (if checked, please fill out resale certificate)  
 Check One  
 Corporation  
 Partnership  
 Sole Proprietorship  
 Other: \_\_\_\_\_

**Key Contacts**

Manager / Owner	Phone	Email
_____	_____	_____
Purchasing	Phone	Email
_____	_____	_____
Accounting	Phone	Email
_____	_____	_____

**\*\*Requested Payment Terms (Circle One):** COD / Net 30 Terms

**Preferred Payment Method (Circle One):** Company Check / CreditCard

**Bank References (if applying for credit terms)**

Bank Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Bank Officer \_\_\_\_\_

Bank Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Bank Officer \_\_\_\_\_

**Trade References (if applying for credit terms)**

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Contact \_\_\_\_\_

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Contact \_\_\_\_\_

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Contact \_\_\_\_\_

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Contact \_\_\_\_\_

I (we) the undersigned in consideration of Waterfall Bath Enclosures extending credit terms hereby personally guarantee payment of all debts incurred by (Customer) \_\_\_\_\_ to include, but not limited to legal and collection costs.

Name (Print)	Signature
Title	Date
Witness (Print)	Witness Signature

Office Use Only: Delivery Method \_\_\_\_\_ / Payment Method: \_\_\_\_\_ / Mult: \_\_\_\_\_