

	NEW CUSTOMER FO	ORM		
LEGAL BUSINESS NAME:	DBA (COMPANY NAME):			
STREET ADDRESS:	HOW MANY YEARS AT THIS ADDRESS:			
CITY:	STATE:	ZIP:		
EMAIL:	WEBSITE:			
PHONE:	FAX:			
BILLING ADDRESS (IF DIFFERENT FROM ABOVE):				
CITY:	STATE:	ZIP:		
ACCOUNTS PAYABLE CONTACT:	PHONE:	EMAIL:		
PURCHASING CONTACT:	PHONE:	EMAIL:		
agrees to pay the total amount and fully accepts S	•	ality, SMITH Surface-Prep Solutions, FEI# 47-5381864. Buyer e at the SMITH website (https://smithmfg.com/support/terms		
Customer Signature		Date		
SMITH Sales Representative Signature		Date		
Accounting Representative Signature		Date		
Trade Compliance Signature		Date		
	SMIT	T è		

FOR INTERNAL USE ONLY					
PRICE LEVEL:	CUSTOMER TYPE:	F	REGION:		
ACCOUNT REP:	DATE:	_TERMS:	TAX:		