



NEW CUSTOMER FORM

Company Name _____ Date _____

Phone _____ Fax _____

Billing Address: _____
Shipping Address: _____

Purchasing Contact Name _____ Email _____

Accounts Payable Contact Name _____ Email _____

Invoicing Email _____

Mark an X here to receive ACH Banking Information _____

Additional Contacts (Owner, CEO, Tool Crib, Engineering)
Title _____ Name _____ Email _____
Title _____ Name _____ Email _____
Title _____ Name _____ Email _____

**Please return this form along with the following items. Please make sure to fill our form completely.

- Credit/Bank References
- W-9 Tax ID Form
- ST3 Sales Tax Exempt Form (MN only)

How did you hear about NTM?
Referral from _____
Website search on _____

Signature (Person completing form) **Date** **Title**

**Please return complete form and requested information to sales@ntminc.com