

New Customer Information:

Customer # _____

Customer

Company Name: _____

Primary Contact: _____

E-mail: _____

Phone: _____ Direct: _____

Fax: _____ Cell: _____

AP Contact: _____

E-mail: _____

Phone: _____ Direct: _____

Fax: _____ Cell: _____

Designer Contact: _____

E-mail: _____

Phone: _____ Direct: _____

Fax: _____ Cell: _____

Address: _____

Company Address: _____ Billing Address: _____

Ship To Address: _____ Ship To Address _____

If Washington, county*: _____ If Washington, county*: _____

Overs?: _____ % Check w/Client Loading Dock?: yes / no Hrs: _____

Credit App Sent: _____ Bank Check: _____

Credit App. Rec'd: _____ Terms: _____

Lynx Rep: _____ Authorized by: _____

Software/Hardware Info:

FTP Info.:

_____ Username: _____

_____ Password: _____

_____ Date Set-Up: _____

Notes: _____

*NOTE: Washington clients must provide either a "Reseller Permit" -or- county shipped to for appropriate (city/county) use tax to be applied.

RECORDED: _____