



**New Customer Information Sheet**

**Business Information**

Business Name:		
Address:		Suite/Floor/Unit Number:
City:	State:	Zip Code:
Phone Number:	Fax Number:	Web Site:

**Billing Information**

Billing Name:		
Address:		Suite/Floor/Unit Number:
City:	State:	Zip Code:
Phone Number:	Contact Name:	Billing Email:

**Authorized Purchaser Information**

Authorized Purchaser Name:	
Job Title	Email:
Phone Number:	Cell Number:

**Ship To Information**

Ship To Business Name:		Location/Store Number (not address):
Address:		Suite/Floor/Unit Number:
City:	State:	Zip Code:
Location Phone Number:	Site Contact Name:	Site Contact Cell Number:

**This form must be completed in its entirety. All new customers must pay by credit card for at least three purchases over a three-month period. Credit may be given after approved customer application and credit check. Credit Card payment authorization form, reseller certificate may be required before purchase. Send this completed form to [sales@sentrymirror.com](mailto:sales@sentrymirror.com) or fax to 805-892-8060.**