

New Client Information Form



Company Name			
Bill To	Address		
	City		
	State / Province		
	Zip / Postal Code		
Ship To	Address		
	City		
	State / Province		
	Zip / Postal Code		
Main Contact	Name		
	Title		
	Phone + ext.		
	Email		
Accounts Payable	Name		
	Phone + ext.		
	Email		
	Email Invoices		
	Email Statements		
Payment Terms	Net 30		
Currency			
Type of Business	Manufacturer	Reseller/Integrator	Consultant/Service
	Others <small>(please specify)</small> :		
Tax ID <small>(US only)</small> <small>(format 00-0000000 found in W9)</small>			
Tax Exempt <small>(US only)</small>	Yes	No	<small>If yes, please include CERTIFICATE (mandatory)</small>
<p><b><u>!! IMPORTANT NOTICE for US CLIENTS !!</u></b></p> <p><i>If you are a Reseller or Manufacturer, please include your Sales Tax Exemption Certificate.</i></p>			

Transportation Information

Do you intend to use Flexpipe’s transportation?	YES	NO
If NO, please provide the information below:		
Parcel – <i>less</i> than 150 lbs	Name	
	Account Number	
Freight – <i>more</i> than 150 lbs	Name	
	Account Number	

*\*\* All fields are mandatory to complete your account opening. Fields left blank may delay processing your order.*

*\*\* If you have forms that need to be completed by us prior to opening the account, please forward them as soon as possible to [ar@flexpipeinc.com](mailto:ar@flexpipeinc.com) to prevent any delays in processing your order.*