

# InterGlass Corp.

## New Customer Form

1. **COMPANY NAME (DBA):** \_\_\_\_\_  
Legal Name (if different than above): \_\_\_\_\_  
Billing Address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Website \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_
2. **SHIP TO ADDRESS** (if different than above): *Note: We do not deliver to residential addresses.*  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_
3. **HOURS OF RECEIVING:** \_\_\_\_:\_\_\_\_ AM \_\_\_\_:\_\_\_\_ PM
4. **MAIN CONTACTS:**  
Purchasing Contact \_\_\_\_\_ Email \_\_\_\_\_  
Accounts Payable Contact \_\_\_\_\_ Email \_\_\_\_\_
5. **SALES TAX:** Is your organization tax exempt? Yes ☐ No ☐  
If yes, submit a Tax Exemption Certificate if located in Florida, Georgia or Texas
6. **GENERAL INFO:** Year business started \_\_\_\_\_ FEIN \_\_\_\_\_ D&B \_\_\_\_\_
7. **TYPE OF ORGANIZATION:** ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship
8. Have you ever done business with us under any other business name? Yes ☐ No ☐  
If yes, under what company name \_\_\_\_\_
9. Have you or a corporation owned by you ever filed bankruptcy or had any involuntary bankruptcy proceeding, receivership or like proceeding filed against you? Yes ☐ No ☐ If yes, what year \_\_\_\_\_
10. **OWNER(S) OF THE COMPANY:**
- |                           |                           |
|---------------------------|---------------------------|
| Name _____                | Name _____                |
| Home Address _____        | Home Address _____        |
| City/State/Zip _____      | City/State/Zip _____      |
| Mobile Phone (____) _____ | Mobile Phone (____) _____ |