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|  |  |  |  |  |  |  |  |
|  |  | *New Customer Information* |  |  |
| **Customer Information** |   |   |   |   |   |
| Customer Name: | Phone Number: |
|   |   |
| DBA or Farm Name: |
|   |
| Primary Contact Name: | Phone Number: |
|   |   |
| Fax Number: |   |
|   |
| E-mail Address(es): |
|   |
| ***Billing Information:*** |
| Name: |
|   |
| Address: |
|   |
| City: | State: | Zip Code: |
|   |   |   |
| ***Shipping Information:*** |
| Name: |
|   |
| Address: |
|   |
| City: | State: | Zip Code: |
|   |   |   |
| ***\*NLVS office use below\**** |
| **Ordering Method:**  |   |   |   |   |   |   |
| *Phone* | *Text* | *Email* |
| **Delivery Method:** |   |   |   |   |   |
| *Office Pick-Up* | *Speedee* | *Route* | *Other* |
| ***Price Level:*** |
| ***Request For Credit:*** |
|  **¨ Due On Receipt** |   | **¨ Credit Application To Follow** |
| ***Tax Exemption*** | **¨ NO** | **¨ Yes** | **\*If Yes, form needs to be returned prior to purchase to qualify** |
|  |  |  |   |  |
| ***Sales Representative:*** |
|  |  |  |  |  |  |  |  |