

New Customer Load Form

MAILING	LEGAL BUSINESS NAME: _____	WEB ADDRESS: _____
	ADDRESS: _____	ADDRESS: _____
	CITY - STATE - ZIP: _____	CITY - STATE - ZIP: _____
	TELEPHONE: _____	TELEPHONE: _____
	E-MAIL: _____	E-MAIL: _____
SHIPPING		

Key Contact Information

POSITION or TITLE	_____	_____	_____	_____
FIRST & LAST NAME	_____	_____	_____	_____
TELEPHONE	_____	_____	_____	_____
E-MAIL ADDRESS	_____	_____	_____	_____

Business Profile

<input type="checkbox"/> OEM – Integrating then Reselling Items Purchased	<input type="checkbox"/> TAXABLE? If not, attach completed exemption form.
<input type="checkbox"/> RESELLER – Reselling Items Purchased	<input type="checkbox"/> PURCHASE ORDER REQUIRED?
<input type="checkbox"/> CONSUMER – Using or Consuming Items Purchased	

Tejas Credit Manager

TYPE CODE:	_____
TAX CODE:	_____
SALESMAN CODE:	_____
TERMS:	C.O.D.
CREDIT LIMIT:	N/A
LOADED BY:	_____

Deliver to 802 W Cotton - or - eMail to tejas.accounting@hyd.com