

# ColorID - New Customer Form

(Fax to 704-987-2240 or Email to support@colorid.com)



## Company or Institution

|                             |                       |                       |
|-----------------------------|-----------------------|-----------------------|
| Company or Institution Name | Year of Establishment | Annual Revenues<br>\$ |
|-----------------------------|-----------------------|-----------------------|

## Main Contact at Company

|                      |                            |                            |                   |
|----------------------|----------------------------|----------------------------|-------------------|
| Contact - First Name | Contact - Last Name        | Contact - Phone            | Contact - Fax     |
| Contact - Email      |                            | Title                      |                   |
| Contact - Street 1   |                            | Contact - Street 2         |                   |
| Contact - City       | Contact Zip or Postal Code | Contact - State / Province | Contact - Country |

## Head Office

|                        |                                  |                              |
|------------------------|----------------------------------|------------------------------|
| Head Office - Street 1 | Head Office - Street 2           | Tax Exempt #                 |
| Head Office - City     | Head Office - Zip or Postal Code | Head Office - State/Province |
|                        |                                  | Head Office - Country        |

## Bill To

|                    |                              |                              |                   |
|--------------------|------------------------------|------------------------------|-------------------|
| A/P - First Name   | A/P - Last Name              | A/P - Phone                  | A/P - Fax         |
| A/P - Email        |                              | A/P - Contact Person - Title |                   |
| Billing - Street 1 |                              | Billing - Street 2           |                   |
| Billing - City     | Billing - Zip or Postal Code | Billing - State / Province   | Billing - Country |

## Ship To

|                        |                              |                            |                   |
|------------------------|------------------------------|----------------------------|-------------------|
| Attention - First Name | Attention - Last Name        | Attention - Phone          | Attention - Fax   |
| Attention - Email      |                              | Attention - Title          |                   |
| Ship To - Street 1     |                              | Ship To - Street 2         |                   |
| Ship To - City         | Ship To - Zip or Postal Code | Ship To - State / Province | Ship To - Country |

## Office Use Only

|   |   |   |
|---|---|---|
| CL Assigned LC <input type="checkbox"/><br>MC <input type="checkbox"/><br>HC <input type="checkbox"/> \$ _____<br>UC <input type="checkbox"/> | Approval - Name - Print<br><hr/> Approval - Signature | Approval - Date<br><hr/> ColorID Customer # |
|---|---|---|