



New Account Form

Account Number: _____ Date: _____ Tax ID# _____

Legal Business Name: _____

Doing Business As: _____

Washington State UBI #: _____ WA Reseller # _____

Billing Address: _____

Shipping Address: _____

Contact Name: _____ Contact Phone: _____

Contact email: _____ Website: _____

Special Instructions: _____

Notes: _____
