



**New Customer Information**

Date: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Contact: \_\_\_\_\_

**Address**

Street Address: \_\_\_\_\_  
 City, St, Zip code: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Warehouse Customer only:**

BWC#:	TPD:	BOND:

**This Section for Groskopf Use Only**

**Vendor Code**

\_\_\_\_\_

**Rates**

Handling In:

\_\_\_\_\_

Handling Out:

\_\_\_\_\_

Storage:

\_\_\_\_\_

**FYI**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_