



A Roxboro Group Company

NEW CUSTOMER PROFILE
(All Questions **Must** be Answered)

COMPANY NAME _____ TELEPHONE (____) _____

BILLING ADDRESS _____ FAX (____) _____

() PROPRIETORSHIP

() PARTNERSHIP

STATE _____ ZIP _____
() CORPORATION IN _____ STATE

PARENT COMPANY _____ TOTAL NO. OF EMPLOYEES _____

OR AFFILIATE _____ YEARS IN BUSINESS _____

PRINCIPALS _____ TITLE _____ YEARS AT PRESENT SITE _____

TITLE _____ RESALE CERT. NO. _____

TITLE _____ **(Attach Copy of Certificate)**

ACCOUNTS PAYABLE CONTACT _____

PHONE _____ EXT: _____ Email address: _____

MAJOR PRODUCTS MANUFACTURED / REPRESENTED _____

BANK(S) ADDRESS & PHONE _____

ACCT. # _____ CONTACT _____

ACCT. # _____ CONTACT _____

U.S.A. SUPPLIER REFERENCES (PREFERABLY MANUFACTURERS) WITH COMPLETE PHONE / FAX #'S

1) _____ PHONE _____ FAX _____

2) _____ PNONE _____ FAX _____

3) _____ PHONE _____ FAX _____

4) _____ PHONE _____ FAX _____

YOUR NAME & TITLE

DATE

NOTE: FINANCIAL STATEMENTS REQUIRED ON ALL NEW ACCOUNT REQUESTS

Leslie Berger – Credit Department
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