



790 W 12th St. Long Beach, CA 90813  
562-983-1374 | wsglass.com

# NEW CUSTOMER FORM

Preferred Payment Method: **COD** -  Cash/Check  Credit/Debit Card **OR**  ACH Date: \_\_\_\_\_

**\*To apply for credit terms please ALSO complete separate credit application.**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Established Date: \_\_\_\_\_ Contractor's License Number: \_\_\_\_\_

## ORDER INFORMATION

We would like our orders: (Select all that may apply)

Delivered  
Delivery Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Will Call  
 Jobsite Yes/No? \_\_\_\_\_

Contact Person for Accounts Payable: \_\_\_\_\_ Email: \_\_\_\_\_

Quotes/order confirmations should be sent to:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

IF TAX EXEMPT, ATTACH SIGNED RESALE CERTIFICATE. NOTE: IF RESALE CERTIFICATE IS NOT PROVIDED, APPLICABLE TAX WILL BE CHARGED.

Taxable? Y/N \_\_\_\_\_  Resale Certificate Attached

How did you hear about us? \_\_\_\_\_

**———— Email completed form to heather@wsglass.com ————**

Please allow 2 to 3 business days for processing.  
Thank you for your business!

FOR OFFICE USE ONLY  
Customer ID: \_\_\_\_\_ Terms: \_\_\_\_\_ Sales Rep: \_\_\_\_\_