



## New Client Information

Company Name: \_\_\_\_\_ Subsidiary of: \_\_\_\_\_

Industry/Line of Business: \_\_\_\_\_ Company URL: \_\_\_\_\_

GCI Sales Person: \_\_\_\_\_

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

Shipping Address:  
Street \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Check if Same as Billing Address

Contact/Purchaser:

Mr.  Ms.  Mrs.  Dr. First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Accounts Payable Contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Check if Same as Contact/Purchaser

TERMS (Please Check One, If On Credit Card 30, Net 15 or Net 30 Days Credit **You Must Be Pre-Approved**):

COD     Credit Card (30 Days)     Net 15 Days     Net 30

Tax Exempt # (if applicable): \_\_\_\_\_ (Include Government Tax Exempt Form)

Tax Payer ID #: \_\_\_\_\_ (Include Government W-9 Form)

How did you hear about Graphics Central?

Walk/Call In     Sales Call     Referred by: \_\_\_\_\_