**New Customer Set-Up Form**

***\*\* Please complete and return to Customersupport@curiteva.com\*\****

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| **CUSTOMER INFORMATION** | |
| Customer Name: | |
| Phone Number: | Fax Number: |
| Email: | GPO (if applicable): |
| **BILLING ADDRESS:** | **SHIPPING ADDRESS:** |
|  |  |
|  |  |
| City/State/Zip Code: | City/State/Zip Code: |
| **ACCOUNTS PAYABLE AND BILLING INFORMATION** | |
| AP Contact Name: | Purchasing Contact Name: |
| Phone Number: | Phone Number: |
| Email: | Email: |
| Email address to receive invoices electronically: | |
|  | |
| **Tax ID:** | **DNB #:** |
| **Is the Customer Tax Exempt?  Yes (please attach exempt certificate)  No** | |
| **Please provide a copy of W9** | |
| **Payment Terms is NET 30 unless otherwise stated in a separate agreement** | |
| **ADDITIONAL INFORMATION** | |
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