**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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