



New Customer Set-Up Form

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

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? <input type="checkbox"/> Yes (please attach exempt certificate) <input type="checkbox"/> No	
Please provide a copy of W9	
Payment Terms is NET 30 unless otherwise stated in a separate agreement	
ADDITIONAL INFORMATION	