

NEW CUSTOMER CREDIT FORM

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		YES NO
Company Name:		Tax Exempt:
Billing Address: City, State, Zip Code:		
County:	Exempt #: (forr	m attached)
Contact Name:		
Phone Number:	Email Address:	
A/P Contact Name:		
Phone Number:	Email Address:	
Years in Business:	Type of Business:	
Ship To Address (if different):		
TR	ADE REFERENCES	
Company Name	Company Name	
Address	Address	
Phone#	Phone#	
Account#	Account#	
Company Name	Company Name	
Address	Address	
Phone#	Phone#	
Account#	Account#	