

New Account Set Up Form

|  |  |
| --- | --- |
| **FIRM NAME:** |  |

**CUSTOMER TYPE: Check one**

|  |  |
| --- | --- |
|  | RETAIL  |
|  | COMMERCIAL |
|  | INTERNET SALES |
|  | HAULER/COMPOSTER |

**BILLING & SHIPPING ADDRESS: Commercial or Residential (circle one)**

|  |  |
| --- | --- |
| **Billing:** |  |
|  |  |
| **Shipping:** |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PHONE:** |  | **FAX:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFERRED TO BIOBAG BY:** |  | **PHONE:** |  |

|  |  |
| --- | --- |
| **LEGAL ENTITY:** |  |

|  |  |
| --- | --- |
| **STATE & YEAR INCORPORATED:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **FEDERAL TAX I.D. #:** |  | **DUNN & BRADSTREET #:** |  |

|  |  |
| --- | --- |
| **RESELLER CERTIFICATE # (attach copy of certificate):** |  |

**OFFICERS (Name and Title):**

|  |
| --- |
|  |
|  |

**A/P CONTACT:**

|  |  |
| --- | --- |
|  **Name/Phone #:** |  |
| **Email:** |  |

**PURCHASING CONTACT:**

|  |  |
| --- | --- |
|  **Name/Phone #:** |  |
|  **Email:** |  |