

New Customer Form

Please Complete the Entire Document & Return to your Sales Rep, VIA E-mail @ Sales@BaySales.com or Fax 215.338.087
☐ New Customer ☐ Revise Exisiting Customer
General Company Information
Name:
Bill To Address:
City/State/Zip:
Tax ID # Business Type: \[Amazon Online Retail Dollar Store Wholesale \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Contact Name: Email: Phone:
Email / Physically Mail Invoices to:
Shipping Information
Ship to Location: □Single Location □Multiple Locations (If there are multiple please attach all information requested below)
Shipping Method: □Call for Routing □Get Rates □Other
Ship to Address:
Shipping / Warehouse Contact: Email: Phone:
Receiving Hours: Lift Gate? Y/N Residential/Comercial (Circle One)
Receiving Hours: Lift Gate? Y / N Residential / Comercial (Circle One) Call for Appt.? Y / N Special Instructions:
Call for Appt.? Y/N Special Instructions:
Call for Appt.? Y/N Special Instructions:
Call for Appt.? Y/N Special Instructions: If shipping UPS / Fedex Please Provide Acct Type, Zip Code & Acct # Payment Information Please note - All first orders require payment in advance.
Call for Appt.? Y/N Special Instructions: If shipping UPS / Fedex Please Provide Acct Type, Zip Code & Acct # Payment Information Please note - All first orders require payment in advance. Payment Type (Circle One): Visa / Mastercard / Check / Wire / ACH
Call for Appt.? Y/N Special Instructions: If shipping UPS / Fedex Please Provide Acct Type, Zip Code & Acct # Payment Information Please note - All first orders require payment in advance. Payment Type (Circle One): Visa / Mastercard / Check / Wire / ACH For all credit card payments there will be a 2% Processing Fee Added