



NEW CUSTOMER FORM

NAME OF BUSINESS: _____

SHIPPING ADDRESS: _____

BILLING ADDRESS: _____

OWNER OR PARENT COMPANY NAME(S): _____

ACCOUNTING NAME: _____ PHONE : _____

EMAIL: _____ FAX: _____

PURCHASING NAME: _____ PHONE : _____

EMAIL: _____ FAX: _____

SHIPPING NAME: _____ PHONE : _____

EMAIL: _____ FAX: _____

QC/TECHNICAL NAME: _____ PHONE : _____

EMAIL: _____ FAX: _____

PREFERRED METHOD OF SHIPMENT (CHOOSE ONE):

You Pick Up PHT Truck UPS Other: _____

PLEASE LIST 3 CREDIT REFERENCES:

Name	Address	Number
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ALL WORK IS SUBJECT TO THE MTI STATEMENT OF LIMITED LIABILITY TERMS AND CONDITIONS FOUND AT: www.petersheattreat.com/terms-conditions. By sending PHT your order, you are agreeing to these terms and conditions.

SIGNATURE: _____ DATE: _____