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 Doc. No.:
 Rev.:
 Effective Date:

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 Oct 1, 2021

TITLE: New Customer Request Form

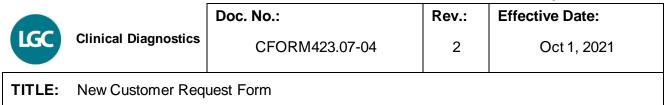
Please submit a completed copy of this form with your order. All sections must be completed

	BILLING	INFORMATION		
Company Name:		Billing Address:	Billing Address:	
City:	State:	Zip Code:	Phone:	
Preferred Invoice Method		Preferred Monthly S	Preferred Monthly Statement Method	
☐ Email ☐	Mail	☐ Email	☐ Mail	
E-mail address (invoices):		E-mail address (mo	E-mail address (monthly statements)	
Tax Status: ☐ Exempt*			s LGC will be shipping product	
☐ Taxable		to on your behalf:		
*Tax Exempt Certificate recertificate with the completaxed without a valid exempt	eted form. Invoices will inpt certificate			
	SHIPPING	G INFORMATION		
Company Name:		Shipping Address:		
City:	State:	Zip Code:	Shipping Contact:	
Phone:	Email:	Carrier Collect Acco	Carrier Collect Account Information:	
		☐ FedEx Accou	nt #	
		☐ UPS Accou	nt #	
		□ N/A		
	BUSINESS COI	NTACT INFORMATION		
Purchasing Contact:				
Name: E-		E-mail:	Phone:	
Accounts Payable Contac	t:			
Name: E-		E-Mail:	Phone:	
Tax Department Contact				
Name: E-		E-Mail:	Phone:	

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Contact Phone:

☐ Savings☐ Checking



Business Information

Bank Name:

Account Number:

Company Name:	Tax ID / Fed ID #:	
Phone Fax: E-mail:	☐ Sole proprietorship ☐ Partnership	
Website Address: Registered company address: City, State Zip Code	☐ Corporation ☐ Government ☐ Other	
How long at current address?	Dun & Bradstreet Number:	

Bank Contact:

Type of account:

By submitting this application, you authorize Company Name to make inquiries into the banking and business/trade references that you have supplied.

Address:

The information provided hereunder is collected in accordance with the current LGC Privacy Policy which can be found at LGCGroup.com.

AGREEMENT

	SIGNATURE
Signature:	
Name and Title:	
Date:	

Please email completed form to Customer Service: CDx-CustomerService@LGCGroup.com