



New Account Request

*** All information is required and must be typed. Incomplete forms will not be processed.**

| Submit to: S. McMahon | | Fax: 914-829-2003 or Email: smcmahon@reliablesprinkler.com |
|--------------------------|--------------------------------------|---|
| INTERNAL SALES SECTION | | |
| Date: | Account #: <i>(will be assigned)</i> | Region: |
| Sales Person: | | Salesman Code: |
| Requested By: | Parent Company Name & Acct # | Prospect in CRM: Yes <input type="checkbox"/> No <input type="checkbox"/> |

| COMPANY INFORMATION | |
|---------------------|--|
| Company Name: | |

| | |
|-------------------|---|
| Telephone #: | Fax #: |
| | Member of: NFSA Yes <input type="checkbox"/> No <input type="checkbox"/> AFSA Yes <input type="checkbox"/> No <input type="checkbox"/> |
| State Tax: YES NO | Tax Exempt #: (Send copy of the certificate) |

| | |
|----------------|---|
| Contact Name: | |
| Title: | |
| Email Address: | E Form Acknowledgement: Yes <input type="checkbox"/> No <input type="checkbox"/> |

| BILL TO ADDRESS | | |
|--|--------|----------|
| Email Address for Invoices: | | |
| Address: | | |
| City: | State: | Zip: |
| County: (If in CA, CO, FL, GA, ID, IL, MN, NJ, NY, TX, WA) | | Country: |

| SHIP TO ADDRESS | | |
|-----------------|--------|----------|
| Address: | | |
| City: | State: | Zip: |
| | | Country: |

| THIS SECTION FOR NY SALES DEPARTMENT USE ONLY! | | |
|--|------|----------|
| Notes: | | |
| | Date | Initials |
| AS400 | | |
| CRM | | |