PETERS' HEAT TREATING, INC.

Precision Part Specialists

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

Please also submit your Form W-9.

If you are interested in receiving emails with your job status please go to Job Tracking: Create Account at www.petersheattreat.com to sign up.

SIGNATURE: _____ DATE: _____