



PETERS'

HEAT TREATING, INC.

NEW CUSTOMER

NAME OF BUSINESS: _____

SHIPPING ADDRESS: _____

BILLING ADDRESS: _____

PHONE NUMBER(S): _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

OWNER(S) OR STOCKHOLDERS: _____

ACCOUNTING CONTACT(S): _____

SHIPPING/RECEIVING CONTACT(S): _____

PURCHASING CONTACT(S): _____

DATE ESTABLISHED: _____

PREFERRED METHOD OF SHIPMENT (CHOOSE ONE):

You Pick Up PHT Truck UPS Other: _____

PLEASE LIST 3 CREDIT REFERENCES:

Name

Address

Number

Would you like more information about receiving your job's status online or by email?

Yes

No

SIGNATURE: _____ DATE: _____