

**COMPLETE FRAMER'S SUPPLY, INC.**

**3617 SW 30<sup>TH</sup> AVE., Ft. Lauderdale, FL 33020**

**Ph: (954) 581-2444 - (800) 330-3263**

**Fax: (954) 581-4496 - (800) 798-0733**

**NEW CUSTOMER ENTRY FORM**

Date \_\_\_\_\_

Business Name: \_\_\_\_\_

Bill To Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Ship to (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax No. ( \_\_\_\_\_ ) \_\_\_\_\_

Commercial \_\_\_\_\_ or Residential \_\_\_\_\_

Delivery dates: Monday – Tuesday – Wednesday – Thursday - Friday

Select Terms of payment: C.O.D., C/C, or C.F.S. TERMS

Contact \_\_\_\_\_ RE-Sale Tax ID \_\_\_\_\_

( must have )

Sales Rep. \_\_\_\_\_ How was the sales Rep. advised?

Via Fax \_\_\_\_\_ Phone \_\_\_\_\_ other \_\_\_\_\_

Which Price List did you send? \_\_\_\_\_

(If out of state or if customer does not have corner samples only send a Supply Catalog)

Your name: \_\_\_\_\_ Account # \_\_\_\_\_

Cc: Gloria  
Rey