

COMPLETE FRAMER'S SUPPLY, INC.

3617 SW 30TH 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?

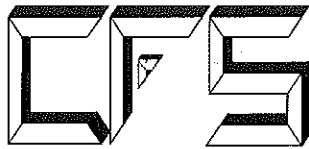
Via Fax _____ Phone _____ other _____

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



COMPLETE FRAMER'S SUPPLY, INC.

3617 S.W. 30th Avenue, Ft. Lauderdale, FL. 33312

Broward (954) 581-2444 Dade (305) 652-8333

Toll Free (800) 330-3263

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

BLANKET AUTHORIZATION FORM

ACCOUNT # : _____ DATE: _____

COMPANY NAME: _____

CONTACT NAME: _____

I HEREBY AUTHORIZE Complete Framer's Supply, Inc. TO CHARGE MY:

Visa Mastercard Amex Discover

One time Every order If Payment Not Received in 40 days

NAME ON CARD: _____

CREDIT CARD # _____

SECURITY CODE # _____

EXPIRATION DATE: __ / 20 __

BILLING ADDRESS OF CREDIT CARD: _____

CITY: _____ STATE & ZIP: __ & _____

TELEPHONE # (__) _____

PRINT NAME: _____

SIGNATURE: _____

Please complete this form (filling in all required information), and return it to Complete Framer's Supply, Inc. via Fax at **954-581-4496**. We are happy to process your request as soon as we have this information in our files. Thank You for choosing Complete Framer's Supply.