



AMHERST LABEL

an inovar company

NEW CUSTOMER INFORMATION FORM

CONTACT INFORMATION

DATE: _____

COMPANY NAME: _____

YOUR NAME: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

SHIPPING ADDRESS

CONTACT/ATTENTION: _____

STREET ADDRESS (& SUITE #): _____

CITY/TOWN: _____

STATE & ZIP CODE: _____ ADDRESS TYPE: _____

BILLING INFORMATION

CREDIT CARD PAYMENT IS REQUIRED FOR FIRST ORDERS. RETURNING CUSTOMERS ARE WELCOME TO APPLY FOR TERMS BY SUBMITTING A CREDIT APPLICATION. ACH PAYMENTS ARE AVAILABLE FOR TERMS CUSTOMERS WITH CREDIT APPROVAL.

BILLING CONTACT NAME: _____

BILLING EMAIL ADDRESS: _____

BILLING PHONE NUMBER: _____

COMPLETE BILLING ADDRESS: _____

HOW WOULD YOU PREFER TO BE INVOICED? _____

TO PROCESS YOUR ORDER QUICKLY, WE ASK FOR CREDIT CARD PAYMENT ON ALL FIRST ORDERS. AFTER YOUR FIRST ORDER

WHAT IS YOUR PREFERRED PAYMENT METHOD? : _____

MARKETING INFORMATION

MAY WE ASK HOW YOU HEARD ABOUT AMHERST LABEL? _____

PLEASE PROVIDE THE NAME OF ANY CURRENT SALES CONTACT OR REFERRAL: _____

WOULD YOU ALLOW US TO SHARE YOUR LABELS? _____

WOULD YOU LIKE TO CONNECT ON SOCIAL MEDIA? _____



PLEASE COMPLETE THIS FORM AND RETURN VIA EMAIL TO YOUR AMHERST LABEL CONTACT. THANK YOU!