



PROTECH THERMAL SERVICES

New Customer Information

Company Name

DBA

Bill To: PO. Box		Ship To: Street Address	
Street Address			
City		City	
State	Zip	State	Zip
Telephone () - Ext.		Telephone () - Ext.	
Fax () -		Fax () -	
Email		Email	

Business Information Corporation Partnership Proprietorship Other

Year Established	Years at Present Location	No. of Employees
Description of Business		D&B No.

Accounts Payable Contact	E-Mail
Telephone () - Ext.	Fax () -

Sales Tax to be charged? Yes No If no, complete and return resale card.

Signature: _____ **Date:** _____

Name (Print) _____ **Title:** _____