



## NEW ACCOUNT FORM

Billing address:

Billing Name					
Address 1:					
Address 2:					
City:		State:		Zip:	

Shipping Address (if different than above):

Shipping Name:					
Address 1:					
Address 2:					
City:		State:		Zip:	

Contact Details:

Primary Contact Name:	
Phone Number:	
Fax Number:	
Email Address for Quotes/Orders:	
Email Address for Invoices:	

Tax Information (if required):

Tax Exemption Status:	
Resale Number:	
County (for NY tax):	

Please complete all information and return to:

Nivert Metal Supply, Inc.

Attn: Sue Rooney

1100 Marshwood Road

Throop, Pa. 18512

[sue@nivertmetal.com](mailto:sue@nivertmetal.com)

Accounting Use Only:

Account Number:	
Alpha Key:	
Territory:	
Credit Terms:	
Credit Limit:	
Outside Salesperson:	
Pricing:	