



New Customer Form

Please fill this out completely and fax to 973 621 8687 or email to sales@continentalparts.com

Date: ___/___/___

Location: NJ LF RO BK SJ MH PA MP OH PB

Route #: _____

Customer ID: _____ Contact Name: _____

Business Name: _____

Address: _____

_____ City State Zip Code

Phone # 1: (____) ____-____ x _____

Phone # 2: (____) ____-____

Cell #: (____) ____-____

Fax #: (____) ____-____

Email: _____@_____

Sales Rep: _____

Business Type: _____

Delivery Type: _____

Taxable: Yes or No

Tax ID#: _____

PO Request:	Yes or No
CAPA Preferred:	Yes or No
Elite Customer:	Yes or No

Filled Out By: _____

Date: ___/___/___

Which Dept: Driver Sales Sales Rep

Accounting

Approved By: _____

Date: ___/___/___