



Rev 5  
11/17/2011  
OKCSE001-FM

**New Customer Information Form**  
**Billing Information**

How did you hear about us:

Customer Name:

Billing Address:

City:  State:  Zip:

Country

Phone Number:  Fax Number:

A/P Contact Name:  Purchasing Contact Name:

A/P Phone Number:  Purchasing Phone Number:

A/P E-mail:  Purchasing E-mail:

**Shipping Information**

Customer Name:

Ship to Address:

City:  State:  Zip:

Country

Phone Number:  Fax Number:

Tax Exempt:  Sales Permit Number:  Duns Number:

(If exempt we must have a copy of the sales tax exemption certificate)

Payment Options:  Requested Credit:  (If requesting credit please supply 3 trade references, bank reference and owner information)

Credit Card Options:  Card Number:  Exp:

Credit Card Billing Address:

P.O. Required:  Are Verbal P.O.'s OK:

All statements above are true and accurate to the best of my knowledge. I authorize Mercer Valve Company Inc. to make any and all inquires necessary for this application.

Customer Signature:  Date:

**Thank you for your business**



**New Customer Information Form**

**For Mercer Valve Sales Use Only**

Customer Name:

Agent:  Customer Type:  First Order Date:

Amount of Order:  Additional Comments:

**Valve Type and Discount**

8700 Series:	<input type="text"/>	Consumer Net:	<input type="text"/>
9100 "D" Series:	<input type="text"/>	No Further Discounts:	<input type="text"/>
8100 Series:	<input type="text"/>	Submitted By:	<input type="text"/>
9100 Threaded:	<input type="text"/>	Submitted Date:	<input type="text"/>
9100 Flanged:	<input type="text"/>		
9500 Series:	<input type="text"/>		
Parts:	<input type="text"/>		

**For Mercer Valve Accounting Use Only**

Approved Credit:  Date:  Time:  Terms:

Increase/Decrease:  Date:  Time:  Terms:

Increase/Decrease:  Date:  Time:  Terms:

Increase/Decrease:  Date:  Time:  Terms:

Increase/Decrease:  Date:  Time:  Terms:

Date Entered into Mas200:  Accounting Director Signature:

AR Signature:  Date:

Account Number: