



NEW CLIENT INITIAL CONTACT INFORMATION

From concept to success.

DATE: _____

SALES REPRESENTATIVE: _____ CSR: _____

CLIENT'S COMPLETE COMPANY NAME: _____

PRIMARY CLIENT CONTACT: _____

PHONE: _____ FAX: _____

EMAIL: _____ CELL: _____

BILLING ADDRESS:

ACCOUNTS PAYABLE OR TO WHO'S ATTENTION ON BILLING STATEMENT:

A/P PHONE: _____ A/P EMAIL: _____

SHIP TO ADDRESS IF DIFFERENT:

TAXABLE: YES NO (NOTE: IF TAX EXEMPT, WI SALES & USE TAX EXEMPTION CERTIFICATE MUST BE SUBMITTED)

TAX-EXEMPT NUMBER: _____

TO BE FILLED OUT BY OFFICE* NEW SCAN GROUP CLIENT NUMBER: _____

Corporate Headquarters

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