

Crowfoot Plates
New Account Information Sheet

Date: _____

Company Information:

Company Name: _____

Contact Person(s): _____

Company Address: _____

Postal Code: _____

Telephone #: _____ Fax #: _____

Billing & Payment Options:

1. _____ Monthly Statements with terms net 15 days from statement
date
2. _____ Corporate Visa Card charged monthly