



New Customer Information Form
Please return completed form via
Email to: vcd@valleycustomdoor.com
Fax to: 920-347-1048

All highlighted fields must be filled out

Company Name: _____
Billing Address: _____
City: _____ County: _____ State: _____ Zip: _____
Shipping Address: _____
City: _____ County: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Purchasing Contact: _____
Phone: _____ Email: _____
Accounts Payable: _____
Phone: _____ Email: _____
Other Contact: _____
Phone: _____ Email: _____

Payment Method:

Open Account: Please fill out Credit Application Prepay

Tax Exempt: _____ If No, Tax Rate: _____
If yes, please provide Sales Tax Exemption Certificate

How would you like to receive Price Quotes/Acknowledgements:

Email: _____ Fax: _____

How would you like to receive Invoices:

Email: _____ U.S. Mail: _____

Consolidate orders weekly for one shipment? Pick-up

Delivery Location: _____

Have a Fork Lift? _____ Loading Dock? _____ Skid Preparation: _____

Special Requirements: _____

Receiving Hours/Days: _____

Would you like to be on our email mailing list:

Do you have a showroom:

How did you hear about Valley Custom Door? _____

Other: _____