



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

Company Name: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Shipping Address: _____
 City: _____ 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: Yes No
 If yes, please provide Sales Tax Exemption Certificate Tax Rate: _____

How would you like to receive Price Quotes/Acknowledgements:
 Email: _____ Fax: _____
 How would you like to receive Invoices:
 Email: _____ US Mail:

Consolidate orders weekly for one shipment? Yes No
 Delivery Location: Residential Commercial
 Fork Lift? Yes No Loading Dock? Yes No
 Special Requirements: Liftgate Inside Delivery
 Call for Appointment? Pick-up

Would you like to be on our email mailing list: Yes No
 Do you have a showroom: Yes No

How did you hear about Valley Custom Door?
 Internet _____ Magazine _____
 Salesman _____ Trade Show _____
 Other _____ Social Media _____