



NEW CUSTOMER FORM

Company Name: _____

Purchasing Contact Name: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Federal Tax ID Number (required): _____

Type of Business (check one): sole proprietor partnership corporation

Business Type (check all that apply):

ASI Member – ASI # _____ Embroidery

Screen printers/Transfers Other

Current Wearables Wholesale Supplier(s): _____

Annual Wearables Volume (please check one):

0 – 9,999 10,000 – 24,999 25,000 – 49,999 50,000 – 99,999

100,000 – 249,000 250,000 – 499,999 500,000 – 749,999 750,000 +

Number of Years in Business: _____

How did you hear about us?: _____

What brands do you sell the most of?: _____

Request for Commonwealth Cotton follow-up (please check all that apply):

Have an Account Rep call Add me to promo fax/email contact list Send a catalog

All new accounts are set up COD Certified (cashiers check or money order). To apply for Company Check or Terms, please ask us for a Credit Application. Commonwealth Cotton also gladly accepts Visa and MasterCard with the completion of a Credit Card Authorization form.

FAX BACK TO: (617) 393-3777

FOR COMMONWEALTH COTTON USE ONLY:

DATE: ____/____/____

Order Placed: () YES () NO Catalog Sent: () YES () NO Follow Up Call: () YES () NO

Comments: _____ Entered in: () CF () PF