



# INTERMOUNTAIN NUTRITION

## NEW CUSTOMER INFORMATION

● = required

● CUSTOMER FULL NAME: \_\_\_\_\_

● REGISTERED BUSINESS NAME: \_\_\_\_\_

\_\_\_\_\_

DBA OR PREFERRED BUSINESS NAME, IF DIFFERENT: \_\_\_\_\_

\_\_\_\_\_

● REGISTERED BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

● BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

● SHIPPING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

● REGISTERED BUSINESS PHONE: \_\_\_\_\_

PREFERRED PHONE, IF DIFFERENT: \_\_\_\_\_

● TYPE OF BUSINESS: \_\_\_\_\_

● YEARS IN BUSINESS: \_\_\_\_\_ FEDERAL EIN: \_\_\_\_\_

● PLEASE LIST ALL EMAILS YOU WANT CC'D FOR SALES ORDERS & INVOICES:

\_\_\_\_\_

\_\_\_\_\_

PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS.

