

7351 Kirkwood Lane North Suite 126 Maple Grove, MN 55369 USA

New Account Set-Up Form

Date:	
Account #:	
First Order	
Sales Amount: \$	

PHONE: +1 763.315.8080 FAX: +1 763.315.8088 TOLL FREE 1.800.328.2612 clientservices@symbology.com www.symbology.com

	www.symbology.com	Sales Amount. \$	
1. Company Informa	ation:	3. Shipping Information:	
Primary Contact:		Attention:	
Email:		Company:	
Phone:		Address 1:	
Dept:		Address 2:	
Industry:		Address 3:	
		City/State/Zip:	
2. Billing Informatio	n:	Phone/Fax:	
Name:			
Title:		Tax Exempt? Please include a copy of your tax exempt certificate or resellers certifi	cate.
Company:			
Address 1:		4. Electronic Ship Information:	
Address 2:			
City/State/Zip:		☐ Internet (Check here if you want to download your barcode from www.sym	bology.c
Phone/Fax:		Client Services will assign a User ID and Password	
A/P Contact:			
A/P Phone:			
A/P Email:			
mail Invoice to: 5. Method of Payme	ent: d, Discover and American Express		
mail Invoice to: . Method of Payme /e accept Visa, MasterCard		Exp. Date: Sec. Code:	
mail Invoice to: 5. Method of Payme	d, Discover and American Express Credit Card #:	Exp. Date: Sec. Code: older Address & Zip Code:	