



# New Customer Application

Fill out completely and fax to (419) 243-0257 before the first day workers are sent

First Date of Order: \_\_\_\_\_ Office: \_\_\_\_\_ Division: \_\_\_\_\_

### Customer Information:

Customer Name: \_\_\_\_\_ Customer Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Email: \_\_\_\_\_

( If P.O. Box, must also give a physical address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Contact Name: \_\_\_\_\_

( If Cell phone, must also give a land line phone #)

Accts. Payable Contact: \_\_\_\_\_ Corporation: \_\_\_ LLC \_\_\_ Sole Proprietor \_\_\_

Fed. Tax ID # : \_\_\_\_\_ - \_\_\_\_\_ Contractor License # : \_\_\_\_\_ Sales Exempt #: \_\_\_\_\_

(Please Attach Sales Tax Exempt Certificate when emailing or faxing this application back)

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### Trade References:

1.) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

2.) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### Job Description:

1.) Description of Work: \_\_\_\_\_ NCCI Code: \_\_\_\_\_

Is this a prevailing wage job? Yes: No: Rate of Pay: \_\_\_\_\_

**How Did You Hear About Shen Services?** (Please circle one) Sales Person Phonebook Mailer Internet

Newspaper Radio Referred by: \_\_\_\_\_ Other: \_\_\_\_\_

### Do you know of any other company that could use our services?

Company Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Customer Agreement:

I authorize Shen Service Group to make any inquiries deemed necessary to evaluate the named customer's credit worthiness

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Title: \_\_\_\_\_