The Hide House New Customer Profile Form

Date:				
Person and/or Company Name:				
Bill To: (mail to) address:				
City:		State:	Zip	:
Contact Person:	Phone # ()	Fax # (_)
Email:	This is a:	Commercial A	ddress: Reside	ential Address:
Ship To:				
Address:				
City:				
Contact Person:	Phone # ()	Fax # (_)
Email:	This is a:	Commercial A	ddress: Reside	ential Address:
How did you hear about The Hi	de House?			
May we contact you regarding	specials, sales and offers? If	yes, via:	Phone Er	nail 🗌
What do you make?	How of	ten do you buy	leather?	
Do you have a resale certificate	? Yes for what State: _		Not yet	Taxable
Resale # (Include letters procee	ding numbers)			
Name printed on resale certific	ate:			
Shipping Company Preference?		USPS	Other?	
**************************************	:*********	******	******	******
Terms of payment: Credit Card	Net 30 Net 60	D/R	COD	Prepaid
Salesperson:	Sales Tax Code:	Price Level: _	Class	s:
Comments:				
Updated: MAS U	PS FEDEX			