



CABINET DOORS, INC.

NEW CUSTOMER INFORMATION FORM

Welcome!

Thank you for choosing Cimino's Cabinet Doors for your fine quality Cabinet Doors. We are looking forward to our new business relationship, and will be here to assist you at any time. For our records, we will need for you to complete this form and fax it back to us at your earliest convenience. This information is needed in order to set up your account and to ship your order on the date you are given. Once we have received this back from you, a member of our Sales Team will contact you to process your order. If you prefer, you may fax your order along with this form.

Please fax toll free to: Fax 866-636-8105

COMPANY NAME: _____

BILLING ADDRESS: _____

SHIP TO ADDRESS: _____

NEAREST CROSS STREET: _____

EMAIL ADDRESS _____

CONTACT NAME(S): _____

PHONE NUMBER: _____ FAX NUMBER: _____

CELL AND/OR PAGER NUMBER: _____

OWNER NAME: _____

OWNER HOME PHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

DO WE CHARGE YOU SALES TAX? _____ IF NOT, YOU **MUST** FAX OR MAIL A COPY OF YOUR RE-SALE CARD.

IN WHICH COUNTY WILL WE BE DELIVERING YOUR ORDER? _____

SIGNED BY: _____ TITLE: _____

DATE: _____

THANK YOU FOR YOUR ASSISTANCE,

CIMINO'S CABINET DOORS, INC.