



# New Customer Application

Office: 240-436-6150

Fax: 240-436-6152

Ship samples to: NBFTI, 281 School Lane - Clayton, DE 19938

(NBFTI use only)

## Primary Contact

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Zip \_\_\_\_\_  
 \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email \_\_\_\_\_

## Ship to Contact (If different from Primary Contact)

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 \_\_\_\_\_  
 Email \_\_\_\_\_

## Secondary Contact

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email \_\_\_\_\_

## Special Instructions:

## Billing Information

ABS Quote #: \_\_\_\_\_  
 Purchase Order/Credit Card #: \_\_\_\_\_  
*Note: Purchase orders will only be accepted with a completed credit request*  
 Billing Address ( same as credit card address )  
 Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Pre-Pay? \_\_\_\_\_  
 Blanket Order? \_\_\_\_\_ Exp. Date \_\_\_\_\_