

PHONE: 610-376-9738  
FAX: 610-376-0471

www.hafers.com



**PETROLEUM EQUIPMENT LTD.**

P.O. BOX 4085, READING, PA 19606 • Intersection of Rt. 724 & I-176

TOP QUALITY PETRO-CHEMICAL EQUIPMENT • SALES • SERVICE • INSTALLATION

Request By: \_\_\_\_\_

**NEW CUSTOMER INFORMATION FORM**

Date: \_\_\_\_\_ Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Billing Address (if different): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Any special billing instructions? \_\_\_\_\_

Resale Tax Number: \_\_\_\_\_ Purchase Orders? Y/N

Account Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your company a... \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship  
(If company is a partnership or sole proprietorship complete principal information below)

Name of Principal(s):

1. \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

2. \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

3. \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

CREDIT CARD ACCOUNT \_\_\_\_\_ C.O.D. \_\_\_\_\_ CREDIT ACCOUNT \_\_\_\_\_

**Credit References for Account \*\*\*\*\* All 3 Must Be Completed! \*\*\*\*\***

\*1. \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_ \* Fax: \_\_\_\_\_

\*2. \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_ \* Fax: \_\_\_\_\_

\*3. \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_ \* Fax: \_\_\_\_\_

Your bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_ Contact: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

Amount of this sale: \_\_\_\_\_ Anticipated Annual Value: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

Credit Line (not limit): \_\_\_\_\_ Terms & Conditions of sale: \_\_\_\_\_

Please complete this form and fax to: Hafer Petroleum Equipment, Ltd., Attn: Glenn Tothero (610)376-0471

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