



Advanced Technology
INTERNATIONAL

New Customer Form

FFL	
Tax Exempt number	
Category	Dealer
Sales Rep	
Date	
Customer Name	
Ship to Name (if different)	
Parent Company	
Contact Person	
Title	
Phone	
Fax	
Email	
Web Address	

Bill Via	<input checked="" type="checkbox"/> Email <input type="checkbox"/> <input type="checkbox"/>
Billing Address	
Billing Email (if different)	

Shipping Information	
Shipping Address (if different)	
Shipping Preference	<input type="checkbox"/> UPS <input type="checkbox"/> Fed Ex <input type="checkbox"/> Other
Shipping Account #	

Payment Information	
Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Credit Card Number	
Vode from Back of Card	Exp Date: