

New Customer Information

Customer No. _____

Cruiser Accessories, LLC
Rock Tamers, LLC
19475 Beacon Lite Road
Monument, Colorado
80132
Phone: (800) 545-1894
Fax: (719) 481-0626



www.cruiserframes.com

Date: _____

Company/Lead: _____

Input into MAS90: _____

Called/Sent Prod. Info: _____

Sales Rep: _____ Commission Rate: _____

Rep Company: _____

BUSINESS INFORMATION

Business Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Cell Phone: _____

Primary Contact: _____ Title: _____ E-Mail: _____

Company E-Mail: _____ Website: _____

Accounting Contact: _____ E-Mail: _____

Accounting Phone: _____ Accounting Fax: _____

Fax Resale Tax Exempt No. to (719) 481-0626 (We need to receive this prior to sending any pricing information):

Tax Exempt/Resale #: _____ Issue Date: _____

Business Type:

Warehouse Distributor, % of Retail Sales

Catalog Retailer, % of Retail Sales

Trailer Hitch Retailer, % of Retail Sales

Small Retailer, % of Retail Sales

RV Retailer, % of Retail Sales

Internet Retailer, % of Retail Sales

Notes: _____

SHIPPING REQUIREMENTS

Shipping Account #: _____ Tracking E-Mail: _____ Ship or Cancel ___ OK to Backorder ___

CONFIDENTIAL PAYMENT INFORMATION

The following information will remain on file for current and future purchases. If payment card type, card number, cardholder or expiration date changes, please notify Cruiser Accessories, LLC immediately with the updated information.

Billing Address MUST BE IDENTICAL to billing statement.

Payment Card Type: Visa _____ Master Card _____ Discover _____

Name on Card: _____ Authorized Signature: _____

Credit Card Billing Address: _____

Credit Card Number: _____

Exp. Date: _____ CSV: (3 digit number on back of Card) _____