



NEW CUSTOMER INFORMATION FORM

Thank you for your interest in A & L Shielding Inc. as your supplier for radiation shielding materials. We look forward to doing business with you. We will accept pre-payment for all customers who do not wish to establish credit. We will not begin production on the materials ordered until pre-payment is arranged. Please note that we accept the following methods of prepayment:

- Visa, MasterCard or American Express
- Certified Check
- Company Check (*Your order will be released for production only after check is cleared through the bank*)

In order for us to complete your request for material we ask that the following information be provided so we may properly establish an account for you.

Name: _____ Title: _____

Full Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address (if different): _____

Phone: _____ Extension: _____ Fax: _____

E-Mail Address: _____

Company Website: _____

Is your business sales tax exempt? (*This applies for GA customers only*) YES NO

***** If exempt, please send a copy of your state sales tax I.D. number on the GA Form ST-5 Exemption Certificate**

Accounts Payable Contact: _____ Phone & Ext: _____

AP E-Mail Address: _____

*****Please note that your invoices will be emailed to the address provided above. This is the only method by which you will receive your invoice.**

Please provide ship-to address, a contact name and phone number and any additional information for this specific order:

