

*Draught Tech West...*producers of



New Customer Information form

Date: _____

Company Name: _____

Mailing address: _____

Business Name: _____
(if different than Company name)

Business Street Address: _____

City: _____ **State** _____ **Zip** _____

Tele: _____ **Fax:** _____

E-mail: _____ **Web:** _____

Primary Contact _____

Secondary Contact _____

Type of Business:

Corporation _____ **Partnership** _____ **Sole Proprietorship** _____

Number years in this business _____ **Yrs**

Fed tax ID # or SS # _____

Principal(s) Officer / Partner(s)... list all

Name	Title	Home address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Return completed form to: Fax: 714-903-9111 Email: draughttechwest@verizon.net