(800) 362-0240
sales@mtechcompany.com
service@mtechcompany.com

# CUSTOMER INTAKE FORM

**Customer Name (Complete Legal Name):** _____

**Parent Company, if Subsidiary:** _____

**Type of Business:** **Corporation:** ☐ **LLC:** ☐ **Other:** ☐
**Municipality:** ☐ **Partnership:** ☐ **Sole Proprietorship:** ☐

**Fed. Tax ID #:** _____

**Main Billing Address:**
_____
**City:** _____ **State:** ____ **Zip:** _____

**Main Business Phone:** _____

**Description of Business:**
_____

**Main Shipping Address:**
_____
**City:** _____ **State:** ____ **Zip:** _____

**Sales Tax Exempt: Yes** ☐ **No** ☐
*If Yes, please provide Tax Certificate*

**A/P Name:** _____ **A/P Phone:** _____ **A/P Email:** _____

***** Please Provide A/P EMAIL(S) For Invoices:** _____

**ALTERNATE Contacts:**

**1. Name:** _____ **Email:** _____ **Title:** _____
**2. Name:** _____ **Email:** _____ **Title:** _____
**3. Name:** _____ **Email:** _____ **Title:** _____
**4. Name:** _____ **Email:** _____ **Title:** _____

**COMMENTS:**

**Authorized Signature:** _____ **Title:** _____ **Date:** _____