SEEMAC INCORPORATED

NEW CUSTOMER REQUEST FORM AND INFORMATION SHEET

Please complete and fax back to SEEMAC at (317) 846-2054

Full Name of Company:

Any DBA:

Corporate Address:

Phone: Fax:

Billing Address:

Phone: Fax:

A/P contact:

Invoices should be sent by ONE of the following means.

CHOOSE ONE of the following:

_____ **E-Mail** E-Mail Address: _____

_____ **Fax** Fax number: _____

_____ **Mail** Address: _____

_____

_____

Ship-to Address:

Phone: Fax:

Sales Contact:

Order Acknowledgements should be sent by ONE of the following means.

CHOOSE ONE of the following:

_____ **E-Mail** E-Mail Address: _____

_____ **Fax** Fax number: _____

_____ **Mail** Address: _____

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