



Charles McMurray Company

New Customer Application

Date: _____

Name of person filling out form: _____

e-mail to: accounts@charlesmcmurray.com or fax to 559-346-6162

Company Name: _____

Business License number: _____

Shop Address: _____

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

Is this also your shipping address? (Circle one) **Yes** **No** **Residential** **Commercial**

Billing Address:
(if diff. from shop) _____

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

Phone # _____ **Fax #** _____

Owner's Name: _____ **Email:** _____

Purchasing Contact: _____ **Email:** _____

A/P Contact: _____ **Email:** _____

Type of Business

Custom Cabinets Retail Interior Designer School / College / Univ.
 Prehung Doors Internet Distributor Locksmith Healthcare / Hospital
 Countertops Handyman / Maint. General Contractor Government / Prison
 Furniture Mfg Other (please describe): _____

- How long have you been in business? _____ 2. Do you work from home? Yes No
- How many employees do you have? _____
- What wholesale businesses do you currently buy from? _____
- What do you want to purchase? _____
- Who referred you / how did you hear about us? _____

Orders / Shipping Info

- How would you like your orders acknowledged? Fax Email NO acknowledgements please
- Do you have a resale number that you want to use? No Yes (If YES: please fill out a California or Nevada Resale Certificate. We can provide one for you.)
- How will you be paying for your orders? Credit Card COD CHAX OPEN ACCT
- Special Instructions or alternate shipping address: _____ Please fill out a CMC Credit Application.

FOR INTERNAL USE ONLY

Cust. Number _____ **Territory** _____ **Branch** _____ **Welcome kit?** _____
Matrix _____ **Salesperson** _____ **ShipVia** _____