



# Charles McMurray Company

## New Customer Application

Date: \_\_\_\_\_

Name of person filling out: \_\_\_\_\_

fax to 559-346-6162 or e-mail to: [accounts@charlesmcmurray.com](mailto:accounts@charlesmcmurray.com)

**Company Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Is this shipping address residential or commercial?** \_\_\_\_\_ **Residential** \_\_\_\_\_ **Commercial**

**Owners Name:** \_\_\_\_\_

**Ph #** ( \_\_\_\_\_ ) **Fx #** ( \_\_\_\_\_ )  
AREA CODE AREA CODE

**E-mail:** \_\_\_\_\_

**Purchasing agent or Other Contact:** \_\_\_\_\_

**Ph #** ( \_\_\_\_\_ ) **Fx #** ( \_\_\_\_\_ )  
AREA CODE AREA CODE

**E-mail:** \_\_\_\_\_

**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): \_\_\_\_\_

1. How long have you been in business? \_\_\_\_\_ 2. Do you work from home? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 3. How many employees do you have? \_\_\_\_\_ 4. Would you like a salesman to call \_\_\_\_\_ Yes \_\_\_\_\_ No  
 on you?  
 5. What wholesale businesses do you currently buy from? \_\_\_\_\_  
 6. What do you want to purchase? \_\_\_\_\_

**Orders / Shipping Info**

1. How would you like your orders acknowledged? \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ NO acknowledgements please  
 2. 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.)  
 3. How will you be paying for your orders? \_\_\_\_\_ Credit Card \_\_\_\_\_ COD \_\_\_\_\_ CHAX \_\_\_\_\_ OPEN ACCT  
 5. Special Instructions? \_\_\_\_\_ Please fill out a CMC Credit Application.

**FOR INTERNAL USE ONLY**

**Cust. Number** \_\_\_\_\_ **Territory** \_\_\_\_\_ **Branch** \_\_\_\_\_ **Welcome kit?** \_\_\_\_\_  
**C / 24 or P / T1?** \_\_\_\_\_ **Salesperson** \_\_\_\_\_ **ShipVia** \_\_\_\_\_