

New Customer Account Form - External



DISABLED VETERAN OWNED LLC
Focused on Precision, Delivered through Quality

Please return the fully completed and signed form to: accounts@dv-owned.com

Web-Site _____	Date _____
Legal Business Name _____	Parent Company _____
Owner Name _____	Operating as _____ Fed ID No. _____
Street Address _____	Registration No. _____ EIN No. _____
City, State, Zip Code _____	VAT Number (if applicable) _____
County _____	DUNS Number _____ Year Started _____
Main Contact Phone Number _____	Legal Form of Business _____

Payer Name _____	Bill-To Name _____
Address _____	Address _____
PO Box _____	PO Box _____
City, State, Zip Code _____	City, State, Zip Code _____
County _____	County _____
Accounts Payable Contact Name _____	Ship-To Name _____
Contact Phone No. _____	Address _____
Contact Fax No. _____	City, State, Zip Code _____
Email Address _____	County _____
A/P Supervisor Name _____	Ship Notice Email _____
A/P Supervisor Phone _____	Purchasing Contact Name _____
A/P Supervisor Email _____	Contact Phone No. _____
	Contact Fax No. _____
	Contact Email _____

All Customers: Please read and sign below.

Customer acknowledges that Disabled Veteran Owned LLC may rely on the information provided above, and accordingly, represents and warrants that the information is complete, true, and accurately reflects the present condition of Customer. Customer also agrees that the information submitted does not omit any material facts regarding its operations or true identity. Unless otherwise agreed, Disabled Veteran Owned LLC's standard terms are NET ZERO

The above is understood, agreed, and accepted by:

Applicant Signature _____
(AUTHORIZED SIGNATURE)

Print Name _____

Title _____ Date _____