

Vegas Valley Locking Systems, Inc.

7355 Commercial Way. #130, Henderson, NV 89011

OFFICE (702) 614-3939

NEW CUSTOMER FORM

Customer Information

Name of Business: _____ Fed. ID # _____

Address: _____ Phone # _____

City, State, Zip: _____ Fax # _____

Type of Organization: Individual Corporation Partnership LLC Other: _____

Purchases are for: Use Resale Subject to Sales Tax: Yes No*

*Sales tax will be charges on all orders, unless VVLS is provided with a valid Sales Tax Exception or Resale Certificate.

Contacts

Customer Contact mail invoice to this address

Name: _____

Title: _____ Email: _____

Address: _____

City, State, Zip: _____

Phone # _____ Fax # _____

Accounts Payable (required) mail invoice to this address

Name: _____

Title: _____ Email: _____

Address: _____

City, State, Zip: _____

Phone # _____ Fax # _____

Special Invoicing Requirements: _____

Purchase Orders: Required Not Required

Signature

By signing, I am obligating myself/my organization to take possession of the product and pay for the order within VVLS Terms:

Signature: _____

Printed Name: _____

Facilities/Other Contact mail invoice to this address

Name: _____

Title: _____ Email: _____

Address: _____

City, State, Zip: _____

Phone # _____ Fax # _____

Purchasing (required) mail invoice to this address

Name: _____

Title: _____ Email: _____

Address: _____

City, State, Zip: _____

Phone # _____ Fax # _____

Does your company issue Purchase orders? If yes,
Orders will not be accepted without a PO.

TERMS: _____

Date: _____

Title: _____