

ARIZONA SELECT DISTRIBUTION

New Customer Set Up Form Credit Application

Gray fields to be completed by Arizona Select

Customer Name: _____
Address: _____
City _____ State _____ Zip Code _____
Telephone _____ Ext. _____ Fax _____
800 Tel # _____ 800 Fax # _____

Order Contact: _____
A/P Contact (Name): _____
A/P Phone _____ A/P Fax _____
Email: _____

Reference #1: Name _____
Address _____
Phone _____

Reference #2: Name _____
Address _____
Phone _____

Prepared By: _____
Title: _____
Date: _____

***FAX-EMAIL THIS COMPLETED FORM TO MARY MEYER AT:
623-936-1648 or 1-888-251-8582 or mmeyer@azselectdist.com***

MAILING ADDRESS
Arizona Select Distribution
P.O. Box 46297
Phoenix, AZ 85063-6297

OFFICE HDQ
Arizona Select Distribution
7150 W. Roosevelt Suite 143
Phoenix, AZ 85043

Credit Terms _____
Salesperson _____
Credit Approval _____

I agree to the credit terms stated above.

Customer Name (Print) Customer Name (Sign) Date