



NEW CUSTOMER FORM

California Institution Direct Program

Institution/Company Name					
Primary Purchasing Email					
Primary AP Email					
Primary Billing Address					
Phone					
Fax					
Website					
Primary Ship-To Address					
Additional Authorized Ship-To Facilities or Warehouses:					
Address 1					
	Primary Contact:				
Address 2					
	Primary Contact:				
Address 3					
	Primary Contact:				
Address 4					
	Primary Contact:				
To be completed by K-Rain Representative:					
Requested Credit Limit			Approved Credit Limit		
Approved By				Date	
Payment Terms	%	Days	Net		Days

Please email completed form to customerservice@krain.com or fax to 561.842.9493