



Carolina Industry Technical Services Corp.
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NEW CUSTOMER FORM

PLEASE COMPLETE AND RETURN THIS FORM BY FAX TO (888)828-2672 OR BY EMAIL TO
ACCOUNTSPAYABLE@CITSCORP.COM

COMPANY INFORMATION	
Legal Company Name:	
Address:	
Phone:	Fax:
Date Established:	Website:
DUNS ID #:	Sales Tax Exempt:
Federal Tax ID #:	If Yes, Copy of Certificate Required
Type of Business:	
Company Composition:	

ACCOUNT APPLICATION TYPE
Terms: NET 30

**In the event of credit card use, additional fees may apply*

REMIT BILL TO/SHIP TO INFORMATION	
Ship To:	Bill To:
Address:	Address:
City:	City:
Zip:	Zip:
Purchasing Contact Name:	
Purchasing Contact Phone:	
Purchasing Contact Email:	
Accounts Payable Contact Name:	
Accounts Payable Contact Phone:	
Accounts Payable Contact Email:	

INVOICES: If they are to be emailed, please list address and special instructions
Email Address:
Instructions:

If your company has a form containing the information below; including bank and trade references, please attach the form and disregard filling out the reference sections.

BANK REFERENCES	
Bank Name:	
Address:	
Contact Name:	
Account Number:	
Phone:	Fax:

TRADE REFERENCES	
Company Name:	
Contact Name:	
Title:	Phone:
Email:	Fax:

Company Name:	
Contact Name:	
Title:	Phone:
Email:	Fax:

Company Name:	
Contact Name:	
Title:	Phone:
Email:	Fax:

INFORMATION COMPLETED BY
NAME :
TITLE :
CONTACT, PHONE:
CONTACT, E-MAIL:
DATE :

THANK YOU FOR THE OPPORTUNITY TO SERVE YOU!