



925 West River St Suite 9, Chippewa Falls, WI 54729

NEW CUSTOMER FORM

To be completed before work is done

Organization/ Company Name: _____

Contact Person: _____

Date: _____

Business Home Government Non-Profit Farm School Reseller

Tax Exempt: Yes No (if applicable—Tax Exempt form is required to be on file)

Tax Exempt Number (check when received): _____

Shipping Address

Billing Address (if different)

City / State / Zip

City / State / Zip

Main Phone

Mobile Phone

Alt Phone

Main Email

Invoice / Statement Preferred Delivery: Email Mail (Paper Copy)

Accounts Payable Email (if email delivery is preferred)

Please return to Krista Computers in person, by mail to the address above,

or email ____@kristacomputers.com