

New Farm Customer Questionnaire



Company Name: _____

Mailing Address:

Street _____

City _____

State _____ Zip Code _____

Office Phone #: _____

Primary Billing Contact Name: _____

Primary Billing Contact Phone #: _____

Primary Billing Contact EMail: _____

Shipping Address 1:

Street _____

City _____

State _____ Zip Code _____

Shipping Contact _____

Shipping Phone # _____ Does this site have a loading dock? _____

Do you have multiple shipping addresses? _____

If yes, please provide your additional shipping address(es) in an email to Accounting@iandbagsupply.com titled "**Additional Shipping Addresses for *company name.***"

Does your company have a pesticide dealer, applicator, or other chemical license from your state? _____

If yes, please provide a copy of your license with your completed questionnaire.

Are you sales tax exempt? _____

If yes, please provide a copy of your sales tax exemption form when you return the completed questionnaire to Accounting@iandbagsupply.com in order to avoid being charged sales tax.