

# New Customer Application

Internal Use Only:

Customer ID:

Origin Date:

## Company Information

Company Name: \_\_\_\_\_

Fed ID # \_\_\_\_\_

Parent Company (If Subsidiary): \_\_\_\_\_

Web Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

(You may check multiple options in each question below)

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Please tell us how you would like us to communicate with you regarding:

Order Confirmations  Fax  
 Email  
 No communication necessary

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Invoices  Fax  
 Email  
 Postal Mail

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Promotions  Fax  
 Email  
 No communication necessary

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My company is a:  Distributor  
 Lighting Showroom  
 Lighting Fixture Manufacturer  
 Other OEM  
 Lighting Maintenance Company  
 Rep Organization

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How did you hear about Crown Plastics?  Sales Rep  
Rep Name/Company: \_\_\_\_\_  
 Found ballast in a fixture  
 www.plasticglobes.com  
 Referral  
 Other  
Please explain: \_\_\_\_\_

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What Products are you interested in:  Dark Sky Reflector  
 Streetlamps/Globes  
 Cylinders  
 Cubes  
 Special Shapes  
 Accessories

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Thank you very much for taking the time to provide the information above. We respect your privacy and will keep all information strictly confidential