



NEW CUSTOMER INFORMATION REQUEST

Welcome to Acro Machining, Inc., we appreciate the opportunity to provide you with excellence in quality machining, and looking forward to meeting your business needs.

Please complete your new customer information below to help us facilitate the setting up of your company information in our system.

Customer Name _____
Street Address: _____
City, State, and Zip: _____
Telephone No: _____

Signature of Principal required.

_____ Title _____ Date _____

Account Payable contact:

Please Provide

Contact Name, Phone number and email address _____

Email Address for electronic invoicing _____

Acro Machining, Inc sends all invoices out electronically.

Additional Documents Needed – please complete and send to coral.gainer@acromachining.com

Credit Application

Personal Guaranty

W-9

Resale Certificate (all sales are taxable without a copy or the resale certificate as applicable).

Shipping Preference Information sheet.

For Invoice and credit inquires please contact;

AR@acromachining.com

Coral Gainer, Controller

Acro Machining ,Inc.

425-870-6728

coral.gainer@acromachining.com