



**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](mailto:AR@acromachining.com)

Coral Gainer, Controller

Acro Machining ,Inc.

425-870-6728

coral.gainer@acromachining.com