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CUSTOMER DATA SHEET

COMPANY NAME:		
STREET ADDRESS:		
CITY, STATE, & ZIPCODE:		
PHONE:	FAX:	E-MAIL:
OWNER(S) NAME:	SS#:	
OWNER(S) NAME:	SS#:	
NUMBER OF YEARS IN BUSINESS:	SALES CONTACT:	
TYPE OF COMMODITY SOLD:		
WHO REFERRED YOUR COMPANY TO N.T.S.:		
BILLING ADDRESS(if different than above):		
ACCOUNTS PAYABLE CONTACT, PHONE, & FAX:		
DUN & BRADSTREET NUMBER:	TAX ID NUMBER:	
TRADE REFERENCES(2)(please list both phone & fax #'s)		
TRUCKING REFERENCES(3)(please list both phone & fax #'s)		
NAME & ADDRESS OF BANK:		
ACCOUNT NUMBER:		

\*\*\*\*\*NTS BILLING TERMS: ALL FREIGHT BILLS MUST BE PAID WITHIN 21 DAYS\*\*\*\*\*

For Internal Use Only:

NTS Cust. Svc. Rep.:	Cust. Setup Date:	Cust. Acct. #:
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