

3650 Shaw Blvd. Naples, FL 34117 USA 239-597-8555 www.pelicanwire.com

NEW CUSTOMER PROFILE

Please provide the following information relevant to purchases from Pelican Wire.					
This information will help us setup your account accurately and provide responsive customer service.					
General Customer Informatio	on (REQUIRED FOR ORI	DER)			
Company Name					
Legal Entity Name					
Address					
City	State/Province		Zip/Postal Code		
Country					
Bill-to Address (if different)					
City	State/Province		Zip/Postal Code		
Country					
Purchasing Contact		P	hone		
Email		F	ax:		
Accounts Payable Contact		Р	hone:		
Email		F	ax:		
AP email for invoices:	EFT Interest				
·	Domestic Companies: Tax ID Number please attach copy of W-9		Resale Certificate: Yes No (if yes, attach o		(if yes, attach copy)
Company Type: Design	Engineering	Manufacturin	g Distribu	ition	
referred Shipping Carrier	Method/Service		Ad	Account #	
f requesting Credit Terms: (acc	ount will be prepaid until re	eviewed and response give	n)		
lequested Credit Line		Est	Estimated Annual Amount		
Name:					
Title:		Da	ite:		