



New Customer Information

Please fill out the information below and return as soon as possible.

Company Name _____
Contact Person _____
Title _____
Mailing/Invoice Address _____
City _____
State _____ Zip Code _____
Shipping Address _____
City _____
State _____ Zip Code _____
Phone # _____ Alternate # _____
E-Mail _____
Accounts Payable Contact _____
Accounts Payable Phone _____
Taxable (Y/N) ____ Please complete even if taxable _____
Tax Exempt # _____ Issuing State _____
Receiving Hours _____
Receiving Contact _____

Please return by -
E-mail - jdaniels@arrowboxjoplin.com
Fax - 1-417-624-8777
Mail - Arrow Box Company of Joplin
3720 E. 27th Street
Joplin, MO 64804

Arrow Box
Remit to address-
PO Box 840036
Kansas City, MO
64184-0036

Terms - 1%10 Net 30 Days
All orders are to deliver COD until credit is approved.

