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| A close up of a sign  Description generated with very high confidence |  |

# New Customer Information

Please complete the form below and send to Service@picinc.net

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| COMPANY INFORMATION |
| **Date:** |  |
| **Company Name:**  |  |
| **Main Point of Contact:****(Quality)** |  |
| **E-Mail:** |  |
| **Phone / Ext:** |  |
| **Preferred Method of Contact** **(E-Mail, Phone, etc.)** |  |
| **Company Address:**  |  |
| **Notes/Special Instructions:** **(Pick-up/Delivery Location, Lunch Hours, Call Before, Guard Shack, etc.)** |  |
| **Hours of Operation:**  |  |
| **Company Billing/Mailing Address** **(if different from above)** |  |
| **Point of contact (Purchasing/Accounting)** |  |
| **E-Mail:** |  |
| **Phone / Ext:** |  |
| **Preferred Method of Payment** **(Credit Card, Check, Electronic Payment, etc)** |  |
| **How Did You Hear About Us? (Phone Call, Referral, Website, Email, etc.)** |  |