

# Halosil New Customer Application



www.halosil.com

**A completed application MUST be on file *prior* to ordering.**

**Company**

**Billing Address**

**Shipping Address**

**Phone**

**Fax**

**Website**

**Accounts Payable Contact**

*Name*

*Phone*

*Email*

**Purchasing Contact**

*Name*

*Phone*

*Email*

**Email address for shipment notifications**

**Invoice Preference:**

Mail

E mail

Fax

Online Submission

**Resale License/Permit, Sellers Tax Permit or  
Use and Sales Tax License/Permit**

**Federal Tax ID Number**

*State*

*Number*

*(Fax or enclose a copy of your license.)*

**Please submit Purchase Order: *by email*, send to: [sales@halosil.com](mailto:sales@halosil.com) or *by fax* to: (302) 454 8009.**