

NEW CUSTOMER FORM

Date: _____

Name: _____

Billing Address: _____

City/Zip _____

Service Address: _____

Subdiv. _____

Phone: _____

E-mail _____

SPECIAL NOTES: _____

DATE: (office use)

Posted in Quickbooks _____

Entered in Route List _____

Entered on Map _____

Customer # _____

**Please remit to:
P. O. BOX 415
SHAVER LAKE, CA 93664
Or e-mail: Bill@Paloutzian.com**