



10800 Baur Blvd, St. Louis MO, 63141
Phone (314)872-9333 Fax (314)872-9104

*Please fill out form to provide us with the necessary
information to establish your business account.*

To: New Customer
Re: Completion of a New Customer Information Form

Please find attached a New Customer Information Form. Processing this information will allow PCI to establish a current business account for your company.

A current customer profile document must be on file for PCI to allocate resources for in person meetings, product analysis including quotations, proposals or work, etc.

The information you provide will remain confidential. We will contact you if there are questions.

Current or new customers who are approved for specific terms, which will vary depending on the engagement and program, and are in good standing will receive complete and comprehensive services.

Payment terms are determined on a customer and program basis.

If you have any question, please contact our accounting department at 314 872-9333, ext. 223

Thank you,
PCI, Inc.



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NEW CUSTOMER INFORMATION FORM

Business Name: _____ Telephone # _____

Address: _____ Facsimile # _____

_____ E-Mail _____

City: _____ State _____ Website _____

Zip: _____ Country _____ Date Established _____

Type of Corporation: _____ Registered State: _____

Principle Business Activity _____

Estimated Annual Sales \$ _____

Main Contact Name _____ **Accounts Payable Name** _____

Address _____ Address _____

Telephone # _____ Telephone # _____

Facsimile # _____ Facsimile # _____

Email Address _____ E mail Address _____

Invoice / Bill To: _____ **Ship To:** _____

Address _____ Address _____

Telephone # _____ Telephone # _____



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Please fill out form to provide us with the necessary information to establish your business account.

Facsimile # _____ Facsimile # _____

Email _____ Shipping Contact _____

Has your business ever declared bankruptcy: _____ If so, what year: _____

BANK REFERENCE

NAME _____ ACCOUNT NO _____

STREET ADDRESS _____ ACCOUNT CONTACT NAME _____

CITY/STATE _____ PHONE _____ FAX _____

CREDIT REFERENCE

NAME _____

NAME _____

STREET ADDRESS _____

STREET ADDRESS _____

CITY _____

CITY _____

STATE _____ ZIP CODE _____

STATE _____ ZIP CODE _____

ACCOUNT CONTACT NAME _____

ACCOUNT CONTACT NAME _____

PHONE _____ FAX _____

PHONE _____ FAX _____

NAME _____

NAME _____

STREET ADDRESS _____

STREET ADDRESS _____

CITY _____

CITY _____

STATE _____ ZIP CODE _____

STATE _____ ZIP CODE _____

ACCOUNT CONTACT NAME _____

ACCOUNT CONTACT NAME _____

PHONE _____ FAX _____

PHONE _____ FAX _____

AUTHORIZED SIGNATURE _____ TITLE: _____

PRINTED NAME: _____ DATE: _____