NEW CUSTOMER APPLICATION FORM

North American Quadrant, LLC.

701 N. International Blvd Ste 123-3755, Hidalgo, TX.USA.

Ph. (956) 217-0556 https://www.leonwf.com									
INFORMATION									
COMPANY NAME:		COMPANY DBA:	COMPANY DBA:						
ADDRESS (Number, Street, City, State Zip Code)									
TELEPHONE (Office)		TELEPHONE (Mobile)		WEBSITE					
TAX ID:		VAT:		TAX RESALE NO.:					
State Incorporation:		Date Started:		Zip Code:					
Corporation	LLC:	Partnership:		Proprietor:	Other:				
Purchasing contact	Naı	me		Phone	E-MAIL				
Primary									
Secondary									
COMPANY INVOICE / BILL TO INFORMATION									
North American Quadrant, LLC., preferred method of invoicing is via e-mail. Please provide an e-mail address that you									
would like to receive your invoices. Name Phone/Fax E-MAIL									
Accounts Payable Contact:	INGI	ne -	Thone, rux		LIVAL				
Accounts Payable Contact: (Alternate)									
Invoice Billing Ad									
City:		State:		Zip Code:					
Attention:		Invoice / Billing Email:							
COMPANY SHIP TO / RECEIVING INFORMATION									
COMPANY SHIP	TO / RECEIVING INFOR	RMATION							
COMPANY SHIP Ship to Name:	TO / RECEIVING INFOR	RMATION							
	TO / RECEIVING INFOR	RMATION State:		Zip Code:					
Ship to Name:	TO / RECEIVING INFOR	State:		Zip Code: Phone/Fax	E-MAIL				

Receiving contact:(Alternate or copy)											
Freight Company(s) of Choice											
Freight Company of Choice (list 2)											
1. Freight Company:				Account:							
Freight Contact											
2. Freight Company:				Account:							
Freight Contact											
Special Requiements:											
COMPANY NEW CUSTOMER APPLICATION FORM - PREPARED BY:			INFORMATION:	RMATION: CONFIDENTIAL / NON-PUBLIC USE							
Prepared by Name:											
Prepared by e-mail:				Phone:							
COMPANY BANK INFORMATION											
Bank Account Name:	Bank Account Number:		Bank Name:								
City:	State:		Website:								
Zip Code:	Bank Officer Contact:		Bank Email:								
Bank Phone:	Bank Fax:		Other:								
Trade Reference No. 1											
Address:	State:		Zip Code:								
Phone:	Fax:		Email:								
Type of account:											

Please Make Sure All Form Field(s) Are Completed As Required

Include current copy of:

- Sales Tax Exemption Certificate
- W9 Form

NEW CUSTOMER COMMERCIAL ACCOUNT TO BE ESTABLISHED

- 1) New Customer is required to: Download, Complete & Return the 'New Customer commercial Application
- 2) Customer will further provide:
- W9 form
- State Busines Certificate with TAX ID

Please note that North American Quadrant is a Limited Liability Company effective 02/08/2022 under the Taxpayer Identification Number 35-2748773.