



New Customer Application

Fill out completely and fax to (419) 243-0257 before the first day workers are sent

First Date of Order: _____ Office: _____ Division: _____

Customer Information:

Customer Name: _____ Customer Code: _____

Billing Address: _____ Email: _____

(If P.O. Box, must also give a physical address)

City: _____ State: _____ Zip Code: _____

Phone: () - _____ Fax: () - _____ Contact Name: _____

(If Cell phone, must also give a land line phone #)

Accts. Payable Contact: _____ Corporation: ___ LLC ___ Sole Proprietor ___

Fed. Tax ID # : - _____ Contractor License # : _____ Sales Exempt #: _____

(Please Attach Sales Tax Exempt Certificate when emailing or faxing this application back)

Bank: _____ Branch: _____ Phone: () - _____

Trade References:

1.) _____ Phone: () - _____

2.) _____ Phone: () - _____

Job Description:

1.) Description of Work: _____ NCCI Code: _____

Is this a prevailing wage job? Yes: No: Rate of Pay: _____

How Did You Hear About Shen Services? (Please circle one) Sales Person Phonebook Mailer Internet

Newspaper Radio Referred by: _____ Other: _____

Do you know of any other company that could use our services?

Company Name: _____ Phone: () - _____

Contact Name: _____ Title: _____

Customer Agreement:

I authorize Shen Service Group to make any inquiries deemed necessary to evaluate the named customer's credit worthiness

Print Name: _____ Date: _____

Customer Signature: _____ Title: _____