



11496 Courthouse Blvd.
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651.437.7284
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New Customer Form

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Fax #: _____

Cell/Direct: _____ Email: _____

AP Name: _____ AP Phone: _____

AP Email: _____ PO's Required: Yes ___ No ___

Payment Terms: _____ Statements Required: _____

Tax Exempt: Yes ___ No ___ *if yes, please provide tax exempt certificate for our records.

Preferred Payment Method: Mailed check ___ Credit Card ___ *3% processing fee apply

I understand that in ordering services from Schlomka's Vac Truck Service, my company that I represent or myself will be held responsible for paying for such services by the due date (NET 30 unless otherwise agreed to in writing). It is my responsibility to provide a proper billing email for invoices to be sent. Improper provided information does not relieve me or the company I represent of my payment duties to Schlomka's Vac Truck Service.

Name: _____ Title: _____

Signature: _____ Date: _____

We Look Forward to Working with You!

[Please send copy of completed form to office@svtsinc.com](mailto:office@svtsinc.com)