



New Customer Information

M.J. Soffe Company, Inc.

Date:

Customer Name:

Billing Address:

City:

State:

Zip:

Mailing Address (if different):

Phone#1:

Phone#2:

Fax#:

Customers E-Mail Address:

Owners Name:

Accounts Payable Contact:

Soffe Sales Rep.:

Soffe Regional Manager:

Customer Group:

Sales Class:

Person placing opening order:

Pricing:

(Dealer, Lowball program, Special, etc.) If special, please fax a list of all items that will get special pricing.
The prices will be reviewed by the regional manager for approval.)

Special Instructions:

Customer#:

Set up Date:

By:



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