



New Account Form

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Company Name _____	Customer # _____	Date _____
Corporate Name _____	Corporate ID _____	
Mailing Address	Physical Address (No PO Boxes)	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Main Office Phone # _____	Fax # _____	
Corporate Contact	Corporate Contact	
Name _____	Name _____	
Position _____	Position _____	
Office Phone _____	Office Phone _____	
Home Phone _____	Home Phone _____	
Cell Phone _____	Cell Phone _____	
Page # _____	Page # _____	
E-mail Address _____	E-mail Address _____	
Other Contact Info _____	Other Contact Info _____	
Billing Address	Billing Contact	
_____	Name _____	
_____	Phone # _____	
_____	Fax # _____	

Credit Terms _____	Completed Credit Application	Yes No N/A
Approved By _____	Completed ST-3	Yes No N/A
_____	Completed Guarantee	Yes No N/A
_____	Notarized	Yes No N/A
_____	Drivers License	Yes No N/A
_____	Social Security #	Yes No N/A
A.F.L. Salesperson _____		
Completed by _____	Date Turned In _____	