



www.tensile.com

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New Customer Information

Date:

	CERTIFICATION INFORMATION	BILLING INFORMATION
COMPANY NAME:		
ADDRESS:		
CITY/STATE/ZIP:		
ATTENTION:		
PHONE:		
FAX:		
E-MAIL:		
CONTACT/TITLE:		

CERTIFICATION INFORMATION:

Results Returned By: Fax Phone Email Certificate of Test

Cert Needed for Shipment: Yes No (Just for the Record)

Quality System: A2LA NADCAP Boeing Nuclear
 Other _____

Return Sample: Yes No (Only on Request) UPS/FedX Acct#: _____

Questions on Job Contact Via: Fax Phone Email

Alternate Contact: _____

Unique Traceability Number: _____

BILLING INFORMATION:

Send Attention to: None Accounts Payable Other: _____

Are Purchase Orders Required: Yes No No. of Copies of Invoices: _____

Identifying ID on Invoice: PO No. Req No. Job No. Other: _____

Special Billing Instructions: _____

Paying by Credit Card Yes No Please fill out – Credit Card Preference Form