

NEW CUSTOMER MAINTENANCE FORM

NEW CUSTOMER <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change <input type="checkbox"/> Delete	SAP CUSTOMER ACCOUNT NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	CUSTOMER TAX ID NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	CUSTOMER NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Address <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Address <div style="border: 1px solid black; width: 100%; height: 20px;"></div> City <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div> <div style="width: 35%;"> State <div style="border: 1px solid black; width: 30px; height: 20px;"></div> Zip Code <div style="border: 1px solid black; width: 60px; height: 20px;"></div> Country <div style="border: 1px solid black; width: 60px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Contact Name <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Contact Email <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 35%;"> Phone <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Fax <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div>			
ADDITIONAL CONTACT NAME/NUMBER <div style="border: 1px solid black; height: 80px; width: 100%;"></div>		CUSTOMER INDUSTRY <input type="checkbox"/> SERVICE <input type="checkbox"/> MEDICAL <input type="checkbox"/> RENTAL		SOURCE OF FUNDING <input type="checkbox"/> FEDERAL <input type="checkbox"/> PRIVATE <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL
SAP HEAD OFFICE ACCOUNT NUMBER (IF KNOWN) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		INVOICE PAYMENT TERMS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		CONTRACT / CUSTOMER PO NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
NOTES / INSTRUCTIONS FOR AR DEPARTMENT/DUNNING AREA-NUMBER <div style="border: 1px solid black; height: 100px; width: 100%;"></div>				
RESPONSIBLE PERSON (Person Completing Form) <div style="border: 1px solid black; height: 25px; width: 100%;"></div>		DATE <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	PHONE <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	DEPARTMENT <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
AUTHORIZED SIGNATURE (Manager/Director) <div style="border: 1px solid black; height: 25px; width: 100%;"></div>		DATE <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	PHONE <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	DEPARTMENT <div style="border: 1px solid black; height: 25px; width: 100%;"></div>