

Morrison's Auto Inc.  
6307 State Road 59 W  
Edgerton, WI 53534  
Www.morrionsauto.com  
608-884-4436 Fax :866-465-0046



Salesperson \_\_\_\_\_ Ext \_\_\_\_\_

**NEW CUSTOMER INFORMATION**

Shop Contact : \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us ? \_\_\_\_\_ Zone: \_\_\_\_\_

Complete Trade or Corporation Name : \_\_\_\_\_

Street Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

Website : \_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Type of Business \_\_\_\_\_ How long in business \_\_\_\_\_ If  
you are out of state do you choose to pay sales tax? \_\_\_\_\_ yes \_\_\_\_\_ no

**We have the ability to email invoices, credits, and statements. Please put a check  
by what you would like to be emailed to you.**

\_\_\_\_\_ invoices \_\_\_\_\_ credits \_\_\_\_\_ statements

Parts/shop/sales contact Email address: \_\_\_\_\_

Invoices/credits Email address: \_\_\_\_\_

Statement Email address : \_\_\_\_\_

Accounting contact \_\_\_\_\_ phone # \_\_\_\_\_

This form must be filled out completely in order to be put in our system as a customer. As of 9/20/11 all new customers not filling out a credit application will be cash or credit card only for the first six months as a customer. After that time your account will be reviewed to see whether we will be able to accept checks from you. Please sign below confirming you have read and understand the new customer terms. Thank you.

\_\_\_\_\_  
Customer signature