



TODD TOOL & ABRASIVE SYSTEMS, INC.
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NEW CUSTOMER INFORMATION

Company Name: _____

Bill to Address: _____
Street City State Zip

Ship to Address: _____
Street City State Zip

Phone# _____ Fax# _____

Purchasing Contact: _____
First Name Last Name Email Address

Shop Contact: _____
First Name Last Name Email Address

Accounts Payable Contact: _____
First Name Last Name Email Address

Billing Preference: Fax _____
(Choose One) Credit Card _____
 E-mail _____

Would you like to Shop Online? Yes No

Sales Tax Exempt # _____

Shipping Instructions: _____

Todd Tool Use:
Sales Rep Initials: _____
(Circle One)
GBBE

Sales Manager Approval:

Signature

Signature