

REV. 10/23

## New Account Information

THIS SECTION FOR INTERNAL USE ONLY		
CASE NO:	COMPANY ID:	
YOUR COMPANY INFORMATION Please note: Required to OFFICER'S NAME*:	fields are indicated with an asteriks (*).  TITLE*:	
OFFICER'S NAME*:	TITLE*:	
COMPANY NAME*:		
ADDRESS*:		
CITY*:		STATE*: ZIP CODE*:
COMPANY PHONE NUMBER*:	COMPANY FAX NUMBER*:	
RESALE TAX CERTIFICATE NUMBER (US CUSTOMERS*):  REQUIRED FOR US CUSTOMERS  A copy of your Resale Tax Certificate is required. It must be on file or we cannot process your orders. Please send it via our secure fax line (781) 535-5095.		
ACCOUNTING CONTACT NAME*:  ADDITIONAL EMAIL ADDRESSES INVOICES:  SALES	EMAIL ADDRESS*:  ORDER ACKNOWLEDGEMENTS:	PHONE*:  SHIPPING NOTIFICATIONS:
CONTACT'S NAME FOR MARKETING/PROMO EMAILS: EMAIL ADDRESS:		
ASI: PPAI /	PPPC:	SAGE:
DO NOT DELAY YOUR ORDERS  PO NOT DELAY YOUR ORDERS  PRETURN BY EMAIL TO AR®  New Account Information Application for Credit Resale Tax Certificate* (requ	• Crec	TO OUR SECURE LINE (781) 535-5095  dit Card Authorization e note: Hub cannot accept this form via email. It be submitted via our secure fax line (781) 535-5095.

**ADDRESS** 1525 Washington Street Braintree, MÅ 02184



ORDERS & ARTWORK hub@hpgbrands.com



(%) PHONE (781) 535-5094 FAX (781) 535-5095

