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NEW CUSTOMER INFORMATION FORM Please fill in all fields below and mail, e-mail or fax to the address listed above. **CUSTOMER PROFILE:** Customer Name: Billing Address: (if different) **Customer Address:** Street _____ State_____Zip_____ **BILLING CONTACT INFORMATION: (all invoices are emailed)** Contact name_____ Email Web Site **ADDITIONAL INFORMATION:** Federal Tax ID Number:______. Sales Tax Resale Certificate ______, **REQUIRED**, along with a copy of certificate if claiming exemption from sales tax. Certificate of Exemption No.:______, or Form ST-12, *REQUIRED, along with a copy of* certificate if claiming exemption from sales tax.

Please note that Massachusetts sales tax of 6.25% will be charged as required unless the appropriate form is

provided to us.