



New Customer Form

Company Name* _____

Date* _____ Contractor's License # _____

Main Phone* _____ Main Fax _____

Address* _____

City* _____ State* _____ Zip/Postal Code* _____

Owner's Name* _____ Cell Phone* _____

Email* _____ Taxable?* (Y/N) _____

How did you hear about us?* _____

*Required Fields

Please send a scanned copy of the completed form to **charlotte@cgifab.com**.

Thank you for your business, and we'll get back to you shortly!