



# North Industrial Chemicals

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Customer Name: \_\_\_\_\_  
Main Address 1: \_\_\_\_\_  
Main Address 2: \_\_\_\_\_  
Main Address 3: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Customer Name: \_\_\_\_\_  
Bill To Address 1: \_\_\_\_\_  
Bill To Address 2: \_\_\_\_\_  
Bill To Address 3: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Customer Name: \_\_\_\_\_  
Ship To Address 1: \_\_\_\_\_  
Ship To Address 2: \_\_\_\_\_  
Ship To Address 3: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Receiving Contact: \_\_\_\_\_  
Receiving Phone #: \_\_\_\_\_  
Receiving Hrs: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_  
Purchasing Phone #: \_\_\_\_\_  
Purchasing E-Mail: \_\_\_\_\_

AP Contact: \_\_\_\_\_  
AP Phone #: \_\_\_\_\_  
AP E-Mail: \_\_\_\_\_

Consumer       Distributor

Scope of Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years in Business: \_\_\_\_\_ D&B#: \_\_\_\_\_  
Tax Exempt:  Yes  No (If yes please send supporting documentation)