



ProTM

Institutional

OMNIA
PARTNERS

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NEW CUSTOMER FORM

LEGAL BUSINESS NAME OF APPLICANT: _____

E-MAIL ADDRESS: _____ PCARD OR CREDIT CARD: _____

STREET ADDRESS: _____ CITY/STATE _____ ZIP _____

MAILING ADDRESS: _____ CITY/STATE _____ ZIP _____

BILLING ADDRESS: _____ CITY/STATE _____ ZIP _____

COUNTY: _____ BUSINESS PHONE: _____ BUSINESS FAX: _____

SALES TAX EXEMPT: ☐ YES ☐ NO (IF YES, EXEMPTION CERTIFICATE MUST BE ATTACHED)

CREDIT LINE REQUESTED: _____ ESTIMATED MONTHLY PURCHASES: _____

PURCHASE ORDER REQUIRED: ☐ YES ☐ NO FEDERAL TAX ID#: _____

A/P CONTACT: _____ PHONE: _____

FAX: _____ E-MAIL: _____

SALES CONTACT: _____ PHONE: _____

FAX: _____ E-MAIL: _____

ADDITIONAL SHIP-TO'S: ☐ YES ☐ NO

STREET ADDRESS: _____ CITY/STATE _____ ZIP _____

STREET ADDRESS: _____ CITY/STATE _____ ZIP _____

STREET ADDRESS: _____ CITY/STATE _____ ZIP _____

DELIVERY CONTACT: _____ PHONE: _____

INTERNAL USE ONLY

BRANCH: _____ ACCOUNT #: _____ SALES REP#: _____

SIC CODE: _____ D&B: _____ CREDIT LINE: _____

ALL NEW ACCOUNTS WILL BE ESTABLISHED WITHIN 24-48 HOURS