



High Precision Casting LLC.

NEW CUSTOMER FORM

Company Name: _____

DBA: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____ ☐ Same as Business Address

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

.....

Contact 1 Name: _____ Title: _____

Telephone: _____ Email: _____

Contact 2 Name: _____ Title: _____

Telephone: _____ Email: _____

.....

Industry: _____

Taxpayer ID: _____ Resale #: _____