

New Customer Account Form

Thank You for your interest in Pelican Rope.

Date: _____

Company Name: _____

Mailing Address 1: _____

Mailing Address 2: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Buyer/Purchasing Name: _____

Tel: _____ Fax: _____ Email: _____

Resale Number (if applicable): _____

Industry or SIC Code: _____

Please help us to better serve you by answering the following questions:

Current Rope Supplier: _____

Types of Ropes Desired: _____

Estimated Annual Usage of all rope and/or rope products _____

Who is your preferred Freight Forwarder? _____

Do you regularly issue blanket orders for annual purchases: _____

Does your company have a rope use and care guide? _____

What is your current rope supplier not doing to serve your needs? _____

We Thank You for your valued input!