



NEW ACCOUNT FORM

CONTACT INFO:

COMPANY NAME:

CONTACT FULL NAME:

PHONE:

EMAIL:

WEBSITE:

BILLING ADDRESS

ATTN:

ADDRESS:

CITY:

STATE:

ZIP CODE:

SHIPPING ADDRESS

☐ SAME AS BILLING

ATTN:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CREDIT CARD AUTHORIZATION

Please complete all fields. This authorization will remain in effect until canceled.
You may cancel at any time by contacting us.

CARD TYPE:

MASTER CARD

VISA

DISCOVER

AMEX

CARD HOLDER NAME:

CARD NUMBER:

EXP DATE:

CSV:

I authorize Cowboy Cool to charge my credit card above for agreed upon purchases. I understand that my information will be saved for future transactions on my account.

CUSTOMER SIGNATURE:

DATE: