

**MARSHALL IGA INC. D/B/A HARVARD DISTRIBUTING  
NEW CUSTOMER INFORMATION FORM**

**BUSINESS INFORMATION**

COMPANY NAME:

CONTACT NAME:

PHONE:

FAX:

E-MAIL:

BILLING ADDRESS:

CITY:

STATE:

ZIP CODE:

SHIPPING ADDRESS: (CHECK BOX IF SAME AS BILLING ADDRESS)

CITY:

STATE:

ZIP CODE:

FEIN#:

TID#:

COMMENTS:

**PLEASE SEND A COPY OF YOUR BUSINESS LICENSE AND YOUR CIGARETTE  
& TOBACCO LICENSE (IF APPLICABLE) ALONG WITH THIS FORM**

**FOR OFFICE USE ONLY**

SALESPERSON:

PAYMENT TERMS:

BUSINESS LICENSE RECVD

CIG & TOBACCO LICENSE RECVD

CUSTOMER NO.

PRICING UPLOAD

DATE ENTERED / /

PHONE: (888)649-6199

FAX: (815)206-1095

EMAIL: [info@harvarddistributing.com](mailto:info@harvarddistributing.com)