

New Client Setup Form

Business Information

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Website: _____

Billing Information *Same as Business Address*

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Contact Information

Name: _____ Position: _____

Phone: _____ Email: _____

**Please ensure you provide the correct email address, as we send invoices via email*

Federal Tax ID#: _____ DUNS# (Optional): _____

Year Established: _____ Years in Business: _____

Number of Employees: _____



Care Center of Utah Mortuary
847 West 2500 South Salt Lake City, UT 84119
Tel: (801) 613-8574 Email: matt@ccoutah.com

Bank References

Bank Name: _____

Account#: _____

Contact Person: _____

Phone: _____ Email: _____

Website: _____

Bank Name (Optional): _____

Account#: _____

Contact Person: _____

Phone: _____ Email: _____

Website: _____

*****Please scan and send it as an attachment file by email to matt@ccoutah.com for a quick processing*****