

NEW MVP CUSTOMER FORM

DATE_____

COMPANY NAME_____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

PHONE# _____

IF YOU ARE TAX EXEMPT YOU MUST COMPLETE ONE OF THE FOLLOWING NJ EXEMPTION FORMS LISTED BELOW.

ST-3_____ (NJ RESALE)

ST-4_____ (OVER 26,000 LBS)

In NJ, fill in your tax ID # on the box to the RIGHT on the tax exemption form. Out of State, fill in your tax ID # on the box to the LEFT on the tax exemption form.

ST3-NR_____ (OUT OF STATE RESALE)

PLEASE INDICATE IF YOUR MVP# IS DIFFERENT FOR PARTS AND SERVICE. IF IT IS NOT, FILL IN THE TOP LINE AND INDICATE SAME FOR LINE 2 AND 3.

1. MVP#_____ PARTS
2. MVP#_____ SERVICE
3. MVP#_____ SERVICE OVERRIDE

PURCHASE ORDER# REQUIRED

YES_____ NO_____

Please EMAIL completed form glenda@cambrias.com
Print and Fax - 732-777-9065
Attn: Glenda Bebbino