VLS

CUSTOMER INFORMATION

Company Information

Business Name: _____   Trade Name or DBA: _____

Shipping

Address: _____
City: _____
State: _____   ZIP: _____

Phone: _____
Fax: _____

Billing

Address: _____
City: _____
State: _____   ZIP: _____

Year Started: _____
Tax Exempt #: _____
If tax exempt, please provide exempt certificate.

Please list persons authorized to make purchases or sign purchase orders.

Name: _____   Email: _____   Phone: _____
Name: _____   Email: _____   Phone: _____
Name: _____   Email: _____   Phone: _____
Name: _____   Email: _____   Phone: _____
Name: _____   Email: _____   Phone: _____

Accounts Payable Contact: _____   Email : _____   Phone: _____

Email for Invoices and Statements: _____

Form Completed By

Name: _____   Date: _____

Comments: