



CUSTOMER INFORMATION

Company Information

Business Name: _____

Trade Name or DBA: _____

Shipping

Address: _____

City: _____

State: _____ ZIP: _____

Billing

Address: _____

City: _____

State: _____ ZIP: _____

Phone: _____

Year Started: _____

Fax: _____

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: