



5221 M.L.K. Blvd.  
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Lubbock, Texas 79452

Fax: (806)-687-5999  
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## CUSTOMER INFORMATION SHEET

### BILLING INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

A/P Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

### DELIVERY INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

## CUSTOMER SPECIFICATIONS

Owner: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_

Purchasing Email: \_\_\_\_\_

Resale # Texas: \_\_\_\_\_

*(Must be 11 Digits)*

Priced Copy: **YES / NO** P.O. #'s Required: **YES/ NO**

Special Packaging: \_\_\_\_\_

Manager: \_\_\_\_\_

Corporation: **YES / NO** State: \_\_\_\_\_

Taxable: **YES / NO** Exempt: **YES / NO** *(If Yes Furnish Exempt.)*

CRS # New Mexico: \_\_\_\_\_

*(Must have original copy on file – Must be 11 Digits)*

Maximum Bundle Weight: \_\_\_\_\_

Receiving Hours/Days: \_\_\_\_\_

**THANK YOU,**

\_\_\_\_\_  
**Your Sales Representative**

## FOR OFFICE USE ONLY

Customer ID: \_\_\_\_\_

Credit Approved: \_\_\_\_\_

Terms: \_\_\_\_\_

Code: \_\_\_\_\_

O/S Sales Rep: \_\_\_\_\_

Credit Denied: \_\_\_\_\_

Limit: \_\_\_\_\_

Date: \_\_\_\_\_