



CUSTOMER INFORMATION SHEET

BUSINESS INFORMATION										
Owner/s:					Manager:					
Purchasing Contact:					Purchasing Email:					
Officers of the Corporation:				Corporation:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	State:
Taxable:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Price Copy:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	P.O. #'s Required:
Exempt:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes Furnish Exempt Form					
Resale # (TX):					CRS # (NM)					
Must be 11 Digits					Must have original copy on file – Must be 11 Digits					
BILLING INFORMATION					DELIVERY INFORMATION					
Name:					Name:					
Address:					Address:					
City:			State:		City:		State:		Zip:	
Phone:			Fax:		Phone:			Fax:		
A/P Contact:					Delivery Contact:					
Email:					Email:					
Maximum Bundle Weight:					Receiving Hours/Days:					
Delivery Instructions:										

Thank you,

Your Sales Representative