



Customer Information Sheet

Date: _____

Company Name: _____ **Main Phone:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Sales Tax Exempt? Yes No **Tax Exemption #:** _____ (Please attach Sales Tax Exemption Documentation)

Primary Contact/Owner/General Manager

Main Contact: _____ **Direct Phone:** _____

Email Address: _____

Accounts Payable

Main Contact: _____ **Direct Phone:** _____

Email Address: _____

Send invoices Via: Mail Email Both

Email for Invoices: _____

Purchasing

Main Contact: _____ **Direct Phone:** _____

Email Address: _____

PO Required? Yes No

Credit Card Authorization

Name on Card: _____

Card #: _____ **Exp Date:** ____/____/____ **Security Code:** _____

Billing Address for Credit Card Same as Billing Address _____

City: _____ **State:** _____ **Zip Code:** _____

Ship To Address

Company/Location Name Same as Billing Address _____

Shipping Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Main Contact: _____ **Direct Phone:** _____

Email Address: _____

(For multiple ship to locations, please list on a separate sheet)

I verify that this information is truthful and accurate.

Signature: _____ **Date:** _____