CUSTOMER INFORMATION SHEET

COMPANY INFORMATION

BUSINESS NAME: _____

DBA: _____

ADDRESS: _____

_____

_____

_____

PHONE: _____ FAX: _____

WEBSITE: _____

SHIPPING ADDRESS: _____

_____

_____

_____

PRIMARY CONTACT

NAME: _____

TITLE: _____

PHONE: _____ EMAIL: _____

SECONDARY CONTACT

NAME: _____

TITLE: _____

PHONE: _____ EMAIL: _____

BILLING

ADDRESS: _____

_____

_____

_____

CONTACT (NAME): _____

TITLE: _____

PHONE: _____ EMAIL: _____

Payment Preferences

- ☐ ACH/Wire
- ☐ Check
- ☐ Credit Card

Remittance email address (invoices/statements): _____

Tax Information

Tax ID: _____ Sales Tax Exempt: Yes No

Authorized Representative

By signing below, I certify the above information is accurate and true to the best of my knowledge.

Printed Name: _____ Signature _____

Title: _____ Date: _____