

## CUSTOMER INFORMATION/CREDIT FORM

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

Project Contact:\_\_\_\_\_ Direct Phone#:\_\_\_\_\_

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

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

Phone#:\_\_\_\_\_ Fax#:\_\_\_\_\_

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

Federal Tax I.D.#:\_\_\_\_\_ State Tax I.D.#:\_\_\_\_\_

Circle One: Corporation Partnership Institution LLC Other:\_\_\_\_\_

All shipping charges are the customer's responsibility. Please provide us with your shipping account#:

Fedex:\_\_\_\_\_ UPS:\_\_\_\_\_ DHL:\_\_\_\_\_

Ontrac:\_\_\_\_\_ Other:\_\_\_\_\_

Billing Address: (if different from shipping address):\_\_\_\_\_

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

Contact in Accounts Payable:\_\_\_\_\_ Email: \_\_\_\_\_

Direct Phone#:\_\_\_\_\_ Direct Fax#:\_\_\_\_\_

Will you be issuing Purchase Order Numbers in order for us to paid? \_\_\_\_Yes \_\_No

Bank:\_\_\_\_\_ Account#:\_\_\_\_\_

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

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

Phone#:\_\_\_\_\_

Will our services be paid by your company/branch? Yes\_\_\_\_\_ No\_\_\_\_\_

If no, please provide us with the following information in regards to the company branch?

Company Name: (if different):\_\_\_\_\_

Relationship to Your Company/Branch:\_\_\_\_\_

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

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

Federal Tax I.D.#:\_\_\_\_\_ State Tax I.D.#:\_\_\_\_\_

**All information must be filled in. If spaces are left empty, please write the reason.**