

CUSTOMER INFORMATION

DATE: _____

NAME OF CO: _____

SHIP TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BILL TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX#: _____

TYPE OF BUSINESS: _____ HOW MANY YEARS: _____

TRADE REFERENCES:

NAME OF CO: _____ ACCOUNT #: _____

ADDRESS: _____ PHONE #: _____

CONTACT PERSON: _____

NAME OF CO: _____ ACCOUNT #: _____

ADDRESS: _____ PHONE #: _____

CONTACT PERSON: _____

NAME OF CO: _____ ACCOUNT #: _____

ADDRESS: _____ PHONE #: _____

CONTACT PERSON: _____