

Customer Information Sheet



Comment/Special instructions

Customer Information

Full Name:

Last *First* *M.I.*

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone:

[Phone]

Bill to address:

Billing Address

Name [if different from above]:

Last *First* *M.I.*

Address:

Street Address *P.O. Box*

City *State* *ZIP Code*

Preferred Invoice Method:

Email _____ Fax: _____

Mail

[Provide Address]:

Shipping Address

Address:

YES *NO*
Loading Dock Available

City *State* *ZIP Code*

Contact:

() Phone Number: _____

Times Open:

[Email]

Key Contact

Technical Contact

Title *Phone* *Email*

Accounting Contact

Title *Phone* *Email*

Sales Contact

Title *Phone* *Email*

Alternate Contact

Title *Phone* *Email*

General Information [please answer all questions]

Customer Type: _____
Individual *Company* *Govt. Agency*

Briefly describe company/agency's primary endeavors:

How did you first hear about us?

Best Email: _____

Signature: _____ Date: _____

<p>FOR OFFICE USE ONLY Date Received: _____ Customer Number: _____ Approved: __YES __ NO</p>
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