



**CUSTOMER
INFORMATION SHEET**

COMPANY NAME _____
TAX ID # _____
CONTACT PERSON _____
PHONE _____
FAX _____
EMAIL _____

BILLING INFORMATION

BILLING ADDRESS _____
ACCOUNTS PAYABLE _____
CONTACT PERSON _____
PHONE NUMBER _____
EMAIL _____
EMAIL INVOICES TO _____
ACH PAYMENTS?? _____
PAYMENT TERMS **1%10/NET 30**
 Pay with Credit Card

SALES TAX **Taxable**
 Exempt (if exempt, please fill out attached tax exempt form)

DELIVERY INFORMATION

DELIVERY ADDRESS _____

SHIPPING/RECEIVING
CONTACT PERSON _____
PHONE NUMBER _____

DELIVERY METHOD **Flatbed Delivery**
 Van Delivery
 Either Flatbed or Van
 Customer Pickup
 Other _____

RECEIVING HOURS _____

ADDITIONAL COMMENTS OR SPECIAL REQUESTS: _____
