

Customer Information form:

Business name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Business email: \_\_\_\_\_

Tax exempt: yes or no

Keep credit card form on file: yes or no

Business owners name: \_\_\_\_\_

Cell number: \_\_\_\_\_

Email: \_\_\_\_\_

Accounts receivable contact: \_\_\_\_\_

Email: \_\_\_\_\_

Direct line or ext. \_\_\_\_\_