



CUSTOMER BILLING INFORMATION

CUSTOMER INFORMATION

Customer#

Company name:

Billing address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

ACCOUNTS PAYABLE INFORMATION

Accounts Payable contact:

Telephone:

Fax:

E-mail:

Invoicing E-mail:

SALES TAX INFORMATION

Are you exempt from paying state sales tax? **Yes** If yes, please provide copies of tax exempt or resale certificates for all ship-to states. **No**

SIGNATURE

Title:

Date: