

CUSTOMER INFORMATION FORM

LEGAL BUSINESS NAME: _____

DBA: _____

PHYSICAL ADDRESS: _____

STREET NAME

APT/SUITE/UNIT #

CITY

STATE

ZIP CODE

BILLING ADDRESS: _____

(IF DIFFERENT THAN ABOVE)

STREET NAME

APT/SUITE/UNIT #

CITY

STATE

ZIP CODE

PRIMARY BUSINESS PHONE NUMBER: _____

PRIMARY BUSINESS EMAIL: _____

PRIMARY CONTACT NAME: _____

ACCOUNTS PAYABLE NAME: _____ AP PHONE NUMER: _____

AP CONTACT EMAIL (*REQUIRED FOR INVOICING): _____

ARE PURCHASE ORDER (PO) NUMBERS REQUIRED?: YES NO

TAX EXEMPT*:? YES NO *IF YES PROVIDE EXEMPT CERTIFICATE

Internal use only

Account number: _____

Information verified and updated on : _____ by _____

DATE

EMPLOYEE NAME