

### 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 NUMBER: \_\_\_\_\_

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