

Commercial Account Information:

Business Name:			
Contact Name:			
Billing Address:			
City:	_ State:	Zip:	
Phone:			
Email:			
Fax:			
Federal Id#:			
Resale Tax #:			
Credit Card #:		exp	
Name on Card			
Zip code on billing		_ 3 dig code on back	
Shipping address if diffe	rent:		
City:	_ State:	Zip:	

Please email back to sales@woodstove-fireplaceglass.com