



3500 Woodland Avenue Cleveland Ohio 44115-3421
216-771-3300 Fax 216-781-5992

CUSTOMER MASTER QUICK LOAD FORM

NAME OR COMPANY NAME: _____

DBA: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____ COUNTY: _____

SALES TAX VENDOR NUMBER: _____

ATTENTION OF: _____

TYPE OF BUSINESS: _____

SHIP TO MORE THAN ONE ADDRESS? Y N

IF YES COMPLETE FORM #1105SH

FOR OFFICE USE ONLY

BWG: Y N

TAX EXEMPTION ON FILE Y N

TERMS: _____

NEVER TAXABLE Y N

MULIT SHIP: _____

SALESMAN _____

SHIP VIA: _____

STATUS CODE _____

LEVEL 1 2 3 4 5 6

CREDIT LIMIT _____

ACCOUNT # _____

TAX CODE _____

DATE _____

ENTERED BY _____