

CUSTOMER INFORMATION FORM

Date: _____

CONTACT INFORMATION	
Store Name:	
Legal Business Name:	
Billing Address:	
City, State Zip:	
Country:	
<input type="checkbox"/> Billing Address is the same as Shipping Address	
Ship To Address:	
Shipping Method: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other Account #:	
Primary Contact :	
Store Phone:	Fax:
Website:	
Owner:	
Phone:	Fax:
Email:	
Buyer Contact:	
Phone:	Fax:
Email:	
Accounts Payable Contact:	
Phone:	Fax:
Email:	
Sales Rep:	
Tax ID Number:	
Resale Number:	
OK To Ship Early: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:	
OK To Partial Ship: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:	
Cancel Back Order: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:	
Routing Guide: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, ROUTING GUIDE MUST BE INCLUDED WITH THIS FORM</i>	
Terms Information:	Account Type: <input type="checkbox"/> House <input type="checkbox"/> Factor
	Terms: <input type="checkbox"/> N30 <input type="checkbox"/> N60 <input type="checkbox"/> N90 <input type="checkbox"/> Credit Card <input type="checkbox"/> Other