

# CUSTOMER INFORMATION FORM

Company Name: \_\_\_\_\_

Contact Name (s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing City & State: \_\_\_\_\_ Mailing Zip: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Delivery City & State: \_\_\_\_\_ Delivery Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

After Hours Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

CC Type: \_\_\_\_\_ CC# \_\_\_\_\_ Exp: \_\_\_\_\_

V-Code: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Address of Credit Card: \_\_\_\_\_

City & State of Credit Card: \_\_\_\_\_ Zip of CC: \_\_\_\_\_

How did they find out about our company? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did they fax a copy of their Vendor's License? \_\_\_\_\_

Other Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_