



Customer Information Form

Company name _____

Your billing address

Address _____

City _____ Zip / Postal Code _____

State / Province _____

Phone 1- (_____) _____ - _____ Fax 1 (_____) _____ - _____

2- (_____) _____ - _____ 2- (_____) _____ - _____

3- (_____) _____ - _____

e-mail _____ Web: _____

Your shipping address (if different then above)

Address _____

City _____ Zip / Postal Code _____

State / Province _____

Phone (_____) _____ - _____ Fax (_____) _____ - _____

Contact names

Owner Mr. Ms. _____

Phone (_____) _____ - _____ Ext. _____

Cell Phone (_____) _____ - _____

E-mail _____

Accounts Receivable Mr. Ms. _____

Phone Same as above OR (_____) _____ - _____ Ext. _____

E-mail Same as above OR _____

Type of business Retailer Designer

Please attach FEDERAL TAX ID number Copy (US Customers only)

Vendor Permit / Business Licenses – Permit