



ACCOUNT INFORMATION

Company Name: _____

Accounts Payable Contact: _____

Name

Telephone #

Fax #

Email Address

Billing Address: _____

Shipping Address: _____

Federal Tax ID #: _____

Sales Tax Exempt #: _____

(Attach copy of certificate)

Preferred Shipper: _____

Special Shipping Instructions: _____

Signature

Print Name

Date

TERMS ARE NET 30 DAYS WITH APPROVED CREDIT

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