

Customer Information Sheet

Please copy this page and return the completed sheet with your first order. This information will allow us to properly administer your account. Prompt submission will also allow us to accept company checks for your purchases. Certified checks may be required until this information form is returned. This is not an application for open account.

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Ship Address (if different) _____

City _____ State _____ Zip _____

Telephone _____ Fax Number _____

e-mail address _____ Type of Business _____

Sales Tax Exemption Number _____ Ga. Customers please attach a valid certificate. Customers who pick up orders at our location are required by law to pay appropriate sales taxes unless a sales tax exemption certificate is on file. As of this writing, shipments traveling out of state via common carrier are not subject to sales taxes. At this time, manufacturer is not authorized to collect sales taxes in other states and thereby transfers the responsibility to the purchaser to report any applicable purchases to the local taxing authority.

Management Contact _____ Title _____

Sales Contact _____ Title _____

Bank Name _____ Banker _____ Acct.# _____

Trade Reference #1 _____
Name City, State Telephone Fax

Trade Reference #2 _____
Name City, State Telephone Fax

Trade Reference #3 _____
Name City, State Telephone Fax

To pay by credit card, please complete the following.



Cardholder Name _____ Signature _____

Card Number _____ Exp. Date _____

***Unless notified otherwise, this credit card will be used for all purchases made by your company.*
A receipt for your credit card transaction will be sent with each invoice.**

Manufacturer reserves the right to refuse any order for any reason and to require payment in advance of production when and if it deems appropriate. There will be a \$25.00 returned check fee for any and all returned checks and a 1 1/2% finance charge will be assessed on any outstanding balances created by such a default. Collection services will be employed whenever necessary and all fees associated with such collection will be passed to the customer. Certified checks will be required for all accounts with prior bad experience (including bounced check, stop pay, etc.) Signature indicates your understanding and acceptance of the terms and conditions noted above as well as those outlined in the General Information section of this catalog.

Signature _____ Date _____