



CUSTOMER PROFILE

Company Name _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Telephone _____ Fax _____
After hours Emergency Numbers _____
Website _____ Years of operation _____

Names of Proprietors/Directors

1. _____ Title _____
2. _____ Title _____

Accounts Payable Contact _____
Telephone _____ Fax _____ Email ID _____

What information would you require with our invoice?

BOL# Yes _____ No _____ POD Yes _____ No _____ Ref # Yes _____ No _____ Invoice # Yes _____ No _____

Name of Banking Institution _____
Address _____
Telephone # _____ Fax# _____ Account # _____

Trade References

Name _____
Address _____
Phone _____ Fax _____

Name _____
Address _____
Phone _____ Fax _____

Name _____
Address _____
Phone _____ Fax _____

This application is made with the understanding and agreement that credit terms are Net 15 days