



CUSTOMER SHEET

Date

Contact Name

Business Name _____

Tax ID No. _____

Billing Address _____

PO Box or Street Address

City, State, Zip

Shipping Address _____

Street Address

City, State, Zip

Phone () _____

Fax () _____

Location of branches (if applicable)

Primary Geographic Trade Area (attach map if applicable)

No. of Retail Accounts

No. of Sales People

Name of Sales Manager

Name of Buyer

Preferred Method of Payment

- Check (Requires credit approval prior to shipment)
- COD (Subject to COD Fees)
- Wire Transfer (Please Complete Authorization Agreement for ACH Debits Form)

Credit Card Card No. _____ Exp. Date ____ / ____

Cardholder Name _____ Zip _____

Credit References

1	Company Name	Account No. (If Applicable)
	Address, City, State, Zip	
	()	()
	Phone	Fax

2	Company Name	Account No. (If Applicable)
	Address, City, State, Zip	
	()	()
	Phone	Fax

3	Company Name	Account No. (If Applicable)
	Address, City, State, Zip	
	()	()
	Phone	Fax

Trade References

1	Company Name	Account No. (If Applicable)
	Address, City, State, Zip	
	()	()
	Phone	Fax

2	Company Name	Account No. (If Applicable)
	Address, City, State, Zip	
	()	()
	Phone	Fax

3	Company Name	Account No. (If Applicable)
	Address, City, State, Zip	
	()	()
	Phone	Fax