



**CUSTOMER INFORMATION FORM**

**COMPANY NAME:** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** (    ) \_\_\_\_\_ **FAX:** (    ) \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**BILL TO:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SHIP TO:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MULTIPLE SHIP TO LOCATIONS?** \_\_\_\_\_ **YES (detail below)** \_\_\_\_\_ **NO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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