



Phone: 1-800-828-0093  
 706-743-8155  
 Fax: 706-743-5118

P.O. Box 75  
 1263 Athens Rd.  
 Crawford, GA 30630

Since 1969

Sales Person: \_\_\_\_\_

## Corporate Customer Information Sheet

Customer Name:		<input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> LLP
DBA:		

President:	
Vice President:	
Chief Financial Officer:	
Federal Tax I.D.#:	

Is your company exempt from Georgia Sales Tax? <small>*If YES, an ST-5 form must be fully completed and returned with this customer information sheet.</small>	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
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Georgia Sales Tax #:	
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***Invoices will be only sent by email, unless noted differently below:***

<input type="checkbox"/> Email Invoices To:			
<input type="checkbox"/> Mail To Address Listed Below	Are Purchase Orders Required:	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Mailing Address:			

Shipping Address:		
		County: _____

Phone Number:		Fax Number:	
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Methods of Payment:	<input type="checkbox"/> ACH – Automated Clearing House		
	<input type="checkbox"/> Visa, Master Card, or Discover		
	<input type="checkbox"/> Company Check (Complete banking information below.)		

Bank Name and Branch:			
Officer's Name:		Phone Number:	
Account Number:			

Signature: \_\_\_\_\_

Date: \_\_\_\_\_