



# EQUIPMENT

34 Angstadt Lane, Birdsboro, PA 19508

## CUSTOMER INFORMATION FORM

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

Company Name: _____	
Type of Business: _____	Years in Business: _____
Billing Address: _____	
City: _____	State: _____ Zip: _____
Phone Number: _____	Fax Number: _____
Business Contact: _____	Email: _____

Site/Shipping Address (if different): _____	
City: _____	State: _____ Zip: _____
Site Contact: _____	Email: _____
Site Phone Number: _____	
Site/Shipping Address (if different): _____	
City: _____	State: _____ Zip: _____
Site Contact: _____	Email: _____
Site Phone Number: _____	

Any special billing instructions: _____	
Tax Exempt Number: _____ Please attach copy of state tax exempt certificate.	
All invoices will be billed with tax unless a current exempt certificate is on file.	
Do you require purchase orders: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Accounts Payable Contact: _____	AP Email: _____
How would you like statements sent: (check one) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	

Credit Card Information: (please circle one)	Visa	Mastercard	Discover	American Express
Name on Card: _____				
Card Number: _____		Expiration Date: _____		
3 Digit Code: _____		Card bill to Zip Code: _____		

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