



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 Name: _____	
Site/Shipping Address (if different): _____	
City: _____	State: _____ Zip: _____
Site Contact: _____	Email: _____
Site Phone Number: _____	
Site Name: _____	
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 invoices/statements sent: (check one) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	

Trade References for Account

**** All 3 Must be Completed with Fax Numbers or Emails!****

	Reference 1	Reference 2	Reference 3
Company Name:			
Address:			
Fax:			
Email:			

***Sign up** for our email list to receive valuable information on upcoming seminars, trainings, sales, equipment specials, product updates and more. Email Address: _____
 By giving us this email address you are agreeing to allow Hafer to send you informational emails.

Thank you!

Please complete this form and fax or email to Hafer Equipment, Attn: Melanie LaFaver 610-376-0471 or melanie.lafaver@hafers.com.