



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: _____
[Repeat block]

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) _____ Yes _____ No

Accounts Payable Contact: _____ AP Email: _____
How would you like statements sent: (check one) _____ Mail _____ Fax _____ Email

Credit References for Account ** All 3 Must be Completed with Fax Numbers!**

- 1. _____ Phone: _____ Fax: _____ Email: _____
2. _____ Phone: _____ Fax: _____ Email: _____
3. _____ Phone: _____ Fax: _____ Email: _____

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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.