



Permanent Steel Forms

CUSTOMER INFORMATION

FORM

PLEASE FURNISH ALL REQUESTED INFORMATION AND FAX THIS TO: 1-800-631-3944

NAME OF COMPANY

INDIVIDUAL PARTNERSHIP CORPORATION

ADDRESS

TAXABLE YES NO

ADDRESS

IF NO, SALES TAX EXEMPTION NO.

CITY STATE ZIP CODE

YEAR BUSINESS WAS ESTABLISHED

PHONE NUMBERS: VOICE: ( ) - FAX: ( ) -

ACCOUNTS PAYABLE CONTACT:

DAYS/HOURS OF OPERATION:

PRINCIPAL OWNERS:

ARE PURCHASE ORDERS REQUIRED? YES NO

IF YES, NAMES OF PERSONS AUTHORIZED TO ORDER:

Table with columns for BANK, BUSINESS NAME, ADDRESS, CITY, STATE, ZIP CODE, CONTACT, PHONE, FAX. Includes rows for 1, 2, 3, 4.

TERMS: NET 30 DAYS - SELLER RESERVES THE RIGHT TO ASSESS A SERVICE CHARGE OF 1.5% PER MONTH ON BALANCES OVER 30 DAYS, AND TO COLLECT ALL COSTS, INCLUDING REASONABLE ATTORNEY AND / OR AGENCY FEES IF THE ACCOUNT IS PLACED IN COLLECTION.

I UNDERSTAND AND AGREE TO THE TERMS OUTLINED ABOVE. AUTHORIZED SIGNATURE DATE

P.O. Box 24129 • 3280 Formex Road • Richmond, VA 23224-0129

National (800) 446-5799 • Virginia (804) 231-1988 • 24 Hr. Fax (800) 631-3944