|  |
| --- |
| Contact Information |
| Company Name |  | Date |   |
| Contact Name |   | Title |   |
| Email |   | Phone |   |
| Physical Address |   |
| City, State, Zip |  |
|  |
| Billing Information |
| Contact Name |   | Title |   |
| Email |   | Phone |   |
| Billing Address |  |
| City, State, Zip |  |
|  |
| Additional Contact *(If applicable)* |
| Contact Name |   | Title |   |
| Email |   | Phone |   |
|   |
| Quality Information |
| Professional organization memberships (ISRI, IMA, etc.) |
|  |
| Quality, Environmental, Health & Safety certifications (ISO, RIOS, etc.) |
|   |
| Shipping/Receiving requirements (Scheduling, pickup/delivery umbers, etc.) |
|  |

|  |
| --- |
| *For Office Use Only* |
|  |
| Sales |
|  |  | Enter information in to Contact Data Base & Sales Order Book |
|   |   | Requirements pertaining to quality or receiving of the material |
|  |
| Controller |
|   |   | Obtain customer credit application, if review is applicable |
|   |   | Obtain customer Sales Tax Exempt Form ST-105, if applicable |
|  |  |
| Invoice Preference |  |
| Payment Terms |  |
|  |  |
| Approval |  |
|   | Controller, VP, or President - Signature & Date |