



Customer Information Form

Company Legal Name _____

Trading As/Doing Business As: _____

Business is a (circle one): Corporation LLC Partnership Sole Proprietor; in the State of: _____

Company Owner/Officer Name: _____ Phone: _____

TIN (Tax ID No. used for filing Federal taxes): _____ (Request a Signed W9!)

Company Address:

Shipping Address (if different):

Company POB (If available): _____

Purchasing Contact Name: _____ Title: _____

Phone: _____ Mobile: _____ Fax: _____

Alt. Phone: _____ Email: _____

Accounts Payable Contact Name: _____ Title: _____

Phone: _____ Mobile: _____ Fax: _____

Alt. Phone: _____ Email: _____

Trade Reference #1 Contact Name: _____ Title: _____

Phone: _____ Mobile: _____ Fax: _____

MJT Salesperson: _____

Date Entered into QB: _____

Entered by: _____

Alt. Phone: _____ Email: _____

Trade Reference # 2 Contact Name: _____ Title: _____

Phone: _____ Mobile: _____ Fax: _____

Alt. Phone: _____ Email: _____

Trade Reference #3 Contact Name: _____ Title: _____

Phone: _____ Mobile: _____ Fax: _____

Alt. Phone: _____ Email: _____

NOTES: _____
