

Today's Date: \_\_\_\_\_

<b>BILLING INFORMATION</b>	
Name: _____	
Address: _____	
Address: _____	
City: _____	
State: _____	Zip: _____
Phone: _____	Fx: _____
Email: _____	
Website: _____	
Taxable: <input type="checkbox"/> Yes <input type="checkbox"/> No*      *Resale/Exemption Certificate Required	

<b>SHIPPING INFORMATION</b>	
Name: _____	
Address: _____	
Address: _____	
City: _____	
State: _____	Zip: _____
Phone: _____	Fx: _____
Email: _____	
Website: _____	
Ship Via/Carrier: <input type="checkbox"/> UPS <input type="checkbox"/> Other _____	
<input type="checkbox"/> Collect	Account #: _____

<b>CONTACTS:</b>	
Purchasing: _____	
Ph: _____	X: _____ Fx: _____ Email: _____
Acct Payable: _____	
Ph: _____	X: _____ Fx: _____ Email: _____
Engineering: _____	
Ph: _____	X: _____ Fx: _____ Email: _____

Customer Status Type:	<input type="checkbox"/> OEM	<input type="checkbox"/> End User	<input type="checkbox"/> Reseller	<input type="checkbox"/> Other: _____
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1st Order accepted with Credit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Code (back of card): _____
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex	Exp. Date: _____
Card Number: _____	Name on Card: _____
Billing Address: _____	

For Internal use only:	
Outside Sales Rep:	_____
Inside Sales Rep:	_____
Referred By:	_____
Notes:	_____