



7100 Design Street Bldg#600  
North Charleston, SC 29418  
Toll Free 866-228-1202  
Local 843-225-6430  
Fax 843-225-6530

### **CUSTOMER INFORMATION**

Company Name	Billing Address
& Address _____	if different _____
_____	_____
_____	_____
Phone _____ Fax _____	Phone _____ Fax _____
Contact Name _____	Contact Name _____
Email _____	Email _____
Website _____	

Federal Tax ID # \_\_\_\_\_ Date Business Established \_\_\_\_\_  
Type of Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

### **ACCOUNTS PAYABLE**

Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

### **CREDIT REFERENCES** **(Please include 1 bank reference)**

Name & Address \_\_\_\_\_ Contact Name \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

Name & Address \_\_\_\_\_ Contact Name \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

Name & Address \_\_\_\_\_ Contact Name \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

**\*\*Payment terms are net 30 days\*\***