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| --- | --- |
| **Full Company Name** |  |
| **Primary Contact** | Name:  Phone number:  Email: |
| **Secondary Contact** | Name:  Phone number:  Email: |
| **Buyer** | Name:  Phone number:  Email: |
| **Accounts Receivable and Payable** | Name:  Phone number:  Email: |
| **Ship to address** | Street:  City/State/Zip: |
| **Bill to address** | Street:  City/State/Zip: |
| **Main phone and fax** | Phone:  Fax: |
| **Credit Card you would like us to keep on file (Leave blank if you don’t want a card on file)** | CC #:  Exp:  CVV: |
| **Would you prefer invoices to be emailed, mailed, or faxed?** |  |
| **Questions/Comments** |  |