

CUSTOMER INFORMATION RECORD (CIR)

All information requested on this form is required for customers that wish to pay with a company check or credit card.

Company Name:		
Delivery Address		
		Home
Cell No.	Email	
Owner(s) Name		······································
SS#		OR Drivers License #
Name		
SS#		OR Drivers License #
Federal ID #		
Bank Name		Account #
Contact		Phone
How long in business? Certificate	Taxable	If No, please attach signed Resale
PO # Required	Deliver	y Hours
agrees to pay all collection co legal action is commenced so hereinafter, the legal action w competent jurisdiction in the c	sts including attorneys a lely to enforce any of the ill be commenced in, and county in which the distrib	·
I/We agree to terms of C.O.D	and conditions and acki	nowledge receipt of a copy of this application.
Signature(CORPORATE	OFFICER / OWNER)	Date