

CUSTOMER NUMBER _____

CUSTOMER: PLEASE COMPLETE ALL INFORMATION BELOW FOR "ADDRESS" TAB

BUYER GROUP _____

TERRITORY _____

COMPANY NAME _____

BILLING ADDRESS _____

CITY _____

STATE _____ ZIP _____

SHIPPING ADDRESS _____

CITY _____ Country _____

STATE _____ ZIP _____

A/P PHONE _____ A/P FAX _____

A/P EMAIL(INVOICES) _____

CUSTOMER: PLEASE COMPLETE ALL INFORMATION BELOW FOR "CONTACT" TAB

PURCHASING CONTACT _____

SALES PHONE _____ SALES FAX _____

SALES EMAIL _____

INTERNAL USE ONLY: COMPLETE ALL INFORMATION BELOW FOR "INVOICING" TAB

CUSTOMER PRICE LIST _____

FOB POINT PREPAID \$1900 (*EXCEPT WHERE NOTED)

SHIP VIA CODE _____