|  |  |  |  |
| --- | --- | --- | --- |
| Contact Information | | | |
| Company Name |  | Date |  |
| Contact Name |  | Title |  |
| Email |  | Phone |  |
| Physical Address |  | | |
| City, State, Zip |  | | |
|  | | | |
| Billing Information | | | |
| Contact Name |  | Title |  |
| Email |  | Phone |  |
| Billing Address |  | | |
| City, State, Zip |  | | |
|  | | | |
| Additional Contact *(If applicable)* | | | |
| Contact Name |  | Title |  |
| Email |  | Phone |  |
|  | | | |
| Quality Information | | | |
| Professional organization memberships (ISRI, IMA, etc.) | | | |
|  | | | |
| Quality, Environmental, Health & Safety certifications (ISO, RIOS, etc.) | | | |
|  | | | |
| Shipping/Receiving requirements (Scheduling, pickup/delivery umbers, etc.) | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| *For Office Use Only* | | | |
|  | | | |
| Sales | | | |
|  |  | Enter information in to Contact Data Base & Sales Order Book | |
|  |  | Requirements pertaining to quality or receiving of the material | |
|  | | | |
| Controller | | | |
|  |  | Obtain customer credit application, if review is applicable | |
|  |  | Obtain customer Sales Tax Exempt Form ST-105, if applicable | |
|  | | |  |
| Invoice Preference | | |  |
| Payment Terms | | |  |
|  | | |  |
| Approval | | |  |
|  | | | Controller, VP, or President - Signature & Date |