



Document: F-SA-08

Revision:1

Issue Date:15-Aug-2013

Page 1 of 1

CUSTOMER INFORMATION

Customer Name:			
Address 1:			
Address 2:			
City:		Province/State:	
Country:		Postal Code/Zip:	

Buyer Email Address:		Telephone #:	
Group Code		Fax#	

SHIPPING ADDRESS (if different from Customer Address)

Address 1:			
Address 2:			
City:		Province/State:	
Country:		Postal Code/Zip:	
		Telephone #:	

A/P CONTACT (INVOICING)

Contact Name:			
AP Email Address			
Telephone:			
Fax:			

PROCESSING

Account Set		
Payment Code		
Est Annual Revenue		

INVOICING

Tax Group		
Federal ID#		
SSN#		
Salesperson Initials		

OTHER NOTES

