



## Customer Checklist

Business name \_\_\_\_\_

Primary contact \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Bill to address \_\_\_\_\_

Ship to address \_\_\_\_\_

Please check this box if your shipping address is considered Residential

**Shipping charges** Prepay & Add to invoice or UPS Collect # \_\_\_\_\_

Do you require a purchase order?

Yes

No

Who do we request a purchase order from? Name \_\_\_\_\_

Email \_\_\_\_\_

### Accounting Information

Name \_\_\_\_\_

Email for invoices \_\_\_\_\_