

## 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	sts including attorneys a lely to enforce any of the ill be commenced in, and	due) and we place the account with an attorney, buyer and or collection fees and court costs. In the event a terms of purchase or obligations created hereby or the proper place of trial therefore shall be a court of outing warehouse is located.
I/We agree to terms of C.O.D.	and conditions and ackr	nowledge receipt of a copy of this application.
Signature(CORPORATE	OFFICER / OWNER)	Date