

P. O. Box 547

Jacksonville, IL 62651-0547

217-243-8968 — Fax 217-243-4843

## Customer Information Sheet

Company/Individual Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ LLC \_\_\_\_\_ Other

FEIN/SS Number: \_\_\_\_\_ **Date Established:** \_\_\_\_\_

Purchasing Agent (s): \_\_\_\_\_

Purchase Order Required ? \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_

Financial Institute: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_