

Partial Supply House

Customer Information Form

Business Name: _____

DBA: _____

Contact Name: _____

Phone: _____ Cell: _____

Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Reseller or Tax Exempt Account Information

Business Structure: _____

State Sales Tax ID (SST ID): _____

Reason for Tax Exemption: _____

Please attach a completed 595-E Form for our records.

Contact Name: _____

Signature: _____

Position/Title: _____

Date: _____

Account Number: _____

Terms: _____