

Customer Information Sheet



P.O. Box 405 · Bremen, IN 46506
PH: 888-457-4342 · FAX: 574-546-6388

Customer Information

Company Name: _____

Primary Contact(s): _____

Name / Title *Email*

Name / Title *Email*

Accounting Contact: _____

Name *Email*

Billing Address: _____

Street Address *P.O. Box*

City *State* *ZIP Code*

Phone: _____ Fax: _____

Ship To Address: _____

Street Address (if varies, leave blank)

City *State* *ZIP Code*

Builder / Contractor
/ Remodeling

License #: _____ Years in Business: _____

Are you subject to Indiana Sales Tax? Yes____ No____ Indiana Tax Exempt #: _____

STATEMENT:

In consideration of using a credit card for payment to Permalatt Products, Inc. of Bremen, IN to me/us/it, I and/or we certify the truthfulness and veracity of the statement appearing above.

NOTICE TO THE BUYER:

DO NOT SIGN THE AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS BLANK SPACES. YOU ARE ENTITLED TO A COPY OF THE AGREEMENT YOU SIGN. THE SELLER RETAINS A SECURITY INTEREST IN THE SUBJECT MATTERS OF THIS AGREEMENT.

I certify that the information on this document is true, accurate and complete and that I am authorized to act on behalf of the company.

Owner / Officer _____
Signature *Printed* *Date*

FOR OFFICE USE ONLY

Date Received: _____ Approved: __YES __NO Initials: _____