

CUSTOMER BILLING PROFILE SETUP

Contact Information

Company Name: _____ EIN (Federal Tax ID): _____
Street Address: _____ DUNS # (if available): _____
City, State & Zip: _____ Public Corporation
Phone: _____
Email: _____

Tax Exempt: Yes No If Yes, please attach tax exemption documentation

**AP CONTACT NAME: _____

**AP CONTACT NUMBER: _____

**AP INVOICING EMAIL: _____

**AP INQUIRY EMAIL: _____

Credit Information

Requested Credit Limit: _____
Purchase Order Amount: _____
Multiple Orders: Yes No

Our default credit terms are Net 30 with no exceptions

Current Bank Statement (Last 30 Days): Please Attach
or
Current Financial Statements: Please Attach

Authorized Signature:

Signature: _____
Printed Name & Title: _____
Date: _____