



Customer Profile Form

Company Name:

Billing Address:

Shipping Address:

Type of Ownership: Corporation Partnership Sole Proprietorship

Tax Exempt: Yes* No

If yes, Resale Tax # _____

**CFD must have current resale certificate in file*

Does your company require purchase orders? Yes No

Phone: _____ Fax: _____

Please provide us with the following contact information to better serve you.

Order Confirmation

Name:

Email: _____ Phone: _____

Payables

Name:

Email: _____ Phone: _____

Owner

Name:

Email: _____ Phone: _____

Email Invoices: () Yes () No Email

Address: _____

Delivery Instructions:

For CFD Use Only: Sales Rep #

Date Received: