

Customer Information Form

E-Mail to vfrost@flaseal.com or Fax to (813) 654-2525
Questions? (813) 681-5502

I. Company Name	<input type="text"/>	Date	<input type="text"/>
Doing Business As:	<input type="text"/>		
Billing Address 1	<input type="text"/>	Bill. Address 2	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/> Zip <input type="text"/>
County or Parrish	<input type="text"/>	Country	<input type="text"/>
A/P Phone #	<input type="text"/>	A/P Fax #	<input type="text"/>
A/P Contact Name	<input type="text"/>	A/P E-Mail	<input type="text"/>
Website	<input type="text"/>	Customer Type	<input type="text"/>
Invoice Method	<input type="text"/>	End Product	<input type="text"/>
NAICS	<input type="text"/>	D&B #	<input type="text"/>

If you have multiple Ship To Addresses, please complete Section II for each address (on following page).

II. Ship To Co. Name	<input type="text"/>		
Ship To Address 1	<input type="text"/>	Ship To Add. 2	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/> Zip <input type="text"/>
County or Parrish	<input type="text"/>	Country	<input type="text"/>
Phone Number	<input type="text"/>	Fax #	<input type="text"/>
Purchasing Contact	<input type="text"/>	E-Mail	<input type="text"/>
Taxable *	<input type="text"/>	Commercial or Residential Location?	<input type="text"/>
* If purchases are Tax Exempt for this Ship To Address, include copy of Resale Cert. showing Ship To Address as Location			
Certifications Req.?	<input type="text"/>	Do you allow partial shipments?	<input type="text"/>
Freight Terms?	<input type="text"/>	If Collect, please provide Carrier and Account Number	
Carrier	<input type="text"/>	Account #	<input type="text"/>
Completed by	<input type="text"/>	E-Mail Address	<input type="text"/>
Title	<input type="text"/>	Phone #	<input type="text"/>

Additional Ship To Addresses

1 Ship To Co. Name			
Ship To Address 1			
City	Ship To Add. 2		
County or Parrish	State	Zip	
Phone Number	Country		
Purchasing Contact	Fax #		
Taxable *	E-Mail		
	Commercial or Residential Location?		
* If purchases are Tax Exempt for this Ship To Address, include copy of Resale Cert. showing Ship To Address as Location			
Certifications Req.?	Do you allow partial shipments?		
Freight Terms?	If Collect, please provide Carrier and Account Number		
Carrier	Account #		

2 Ship To Co. Name			
Ship To Address 1			
City	Ship To Add. 2		
County or Parrish	State	Zip	
Phone Number	Country		
Purchasing Contact	Fax #		
Taxable *	E-Mail		
	Commercial or Residential Location?		
* If purchases are Tax Exempt for this Ship To Address, include copy of Resale Cert. showing Ship To Address as Location			
Certifications Req.?	Do you allow partial shipments?		
Freight Terms?	If Collect, please provide Carrier and Account Number		
Carrier	Account #		

3 Ship To Co. Name			
Ship To Address 1			
City	Ship To Add. 2		
County or Parrish	State	Zip	
Phone Number	Country		
Purchasing Contact	Fax #		
Taxable *	E-Mail		
	Commercial or Residential Location?		
* If purchases are Tax Exempt for this Ship To Address, include copy of Resale Cert. showing Ship To Address as Location			
Certifications Req.?	Do you allow partial shipments?		
Freight Terms?	If Collect, please provide Carrier and Account Number		
Carrier	Account #		

4 Ship To Co. Name			
Ship To Address 1			
City	Ship To Add. 2		
County or Parrish	State	Zip	
Phone Number	Country		
Purchasing Contact	Fax #		
Taxable *	E-Mail		
	Commercial or Residential Location?		
* If purchases are Tax Exempt for this Ship To Address, include copy of Resale Cert. showing Ship To Address as Location			
Certifications Req.?	Do you allow partial shipments?		
Freight Terms?	If Collect, please provide Carrier and Account Number		
Carrier	Account #		