



BUSINESS INFORMATION

Company name				
Registered company address				
City		State		ZIP
Date business commenced				
Company Website				
Industries Served				
Tax ID Number			DNB No.	
Sole proprietorship	Partnership	Corporation	Other:	

PURCHASING CONTACT INFORMATION

Name (First & Last)		E-mail	
Phone No. and Extension		Title	

ACCOUNTS PAYABLE CONTACT INFORMATION

Name (First & Last)		E-mail	
Phone No. and Extension		Title	
Mailing address if different from registered address:			
City		State	ZIP

SHIP TO ADDRESS

Company name				
Contact Person				
Address				
City		State		ZIP
Phone			E-mail	

TERMS

We have read & agree to sales terms & conditions	YES	NO
STANDARD- Due on Shipped date, without approved credit, or exceeds approved credit	YES	NO
NET 30- Requires approved credit application	YES	NO

If claiming sales tax exemption, please submit your Tax Resale Certificate exemption form.

RETURN COMPLETED FORM & SUPPORTING DOCUMENTS TO: FHolmes@ViewpointMFG.com