

All fields in the form are required to be filled

## CUSTOMER INFO

**Company Name**

ABC - Store 1234

**Primary POC**

Title, First Name, Last Name - Mr. Joe Smith

**Main Phone Number**

**Physical Address**

Address Line 1: \_\_\_\_\_  
Street address, P.O. Box, Company name

Address Line 2: \_\_\_\_\_ City: \_\_\_\_\_  
Suite, building, unit, floor, etc.

State/Province/Region: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Email - Primary POC**

**Website**  
(if available)

## ACCOUNTING CONTACT INFO

**AP POC**

**Job Title**

Title, First Name, Last Name - Mr. Joe Smith

**Primary Phone Number**

**Email\***

If same as above, type SAME AS MAIN NUMBER ABOVE

**Invoicing Preference**

Select Primary method:

**Email (preferred)**

**Mail**

**Invoicing Email**

**Billing Address**

Address Line 1: \_\_\_\_\_  
Street address, P.O. Box, Company name

Address Line 2: \_\_\_\_\_ City: \_\_\_\_\_  
Suite, building, unit, floor, etc.

State/Province/Region: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Resale Number**

Must have for CC payments

**Upload Resale Certificate Copy**

Attach a copy of your resale certificate with this form