



Customer Information Form

P. O. Box 1074, Euless, TX 76040 Phone:(817) 267-2255 Fax: (817) 354-6882

Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: () _____ Alternate Phone #: () _____ Fax #: () _____
E-mail Address: _____ URL Address: _____
Partnership Sole Proprietorship Corporation LLC Other
Accounts Payable Contact Name: _____ Phone: _____ Fax: _____

Please list all Owners and/or Principals including home address, SS# and DL#

*Name:	Address:	SS#:
Phone:	City:	State:
	Zip:	DL#:
*Name:	Address:	SS#:
Phone:	City:	State:
	Zip:	DL#:

PLEASE PROVIDE BANKING INFORMATION BELOW: (Must be completed to write checks for orders.)

Bank Name On Check: _____ Officer: _____
Account #: _____ Bank Phone #: () _____ Check Personal Business?
Name Imprinted On Check: _____
Name of Signer (s): _____ Date of Birth: / / _____
Signer's Drivers License #: _____ Issuing State: _____ Social Security #: _____

*TEXAS CUSTOMERS ONLY: Do you want to pay sales tax on items purchased? Yes No
Texas Sales Tax Resale Certificate must be completed and returned with this form.

CREDIT CARD ACCEPTANCE FORM FOR VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS

Credit Card Type:(circle) VISA MasterCard Discover American Express
Card Number: _____
Expiration Date on Card: _____
3 digit VC Code (on back of card): _____
Name and Toll Free # of Bank Issuing Card: _____
Name as it appears on Credit Card: _____
Billing Address: _____
Home Phone # of CardHolder: _____
Signature of CardHolder: _____
Signature: _____ Date: _____