

AFC Industries Company
CUSTOMER INFORMATION SHEET

BUSINESS CONTACT INFORMATION

BUSINESS CONTACT INFORMATION			
Business Name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/> Yes we pay Sales Tax <input type="checkbox"/> No we do not pay Sales Tax: Tax Eemption # : <input type="checkbox"/> (submit tax exemption form with application)	
Phone Fax			
E-mail			
Company mailing address City, State ZIP Code			
Ship to Address City, State ZIP Code		Method for Invoice delivery: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	
		Invoice contact info:	

BANK INFORMATION

BANK INFORMATION			
Bank Name:		Bank Contact:	
Primary business address City, State ZIP Code		Email:	
Phone	Fax	Account number	
		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Contact Name:		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Contact name:		Other	

AGREEMENT/CREDIT TERMS

1. All invoices are to be paid 30 days from the date of the invoice.
2. No discounts are offered.
3. By submitting this application, you authorize AFC Industries to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

SIGNATURES			
Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Please provide: Tax Exemption Certificate