



ACCOUNT CONTACT SHEET

COMPANY NAME: _____

NOTE - PLEASE ATTACH STORE/BRANCH LISTING IF AVAILABLE WEBSITE: _____

CUSTOMER SERVICE CONTACT INFORMATION (ORDER CONTACT)

NAME: _____ EMAIL: _____

PHONE: _____

DO YOU HAVE A WEB-BASED VENDOR PORTAL? YES NO IF YES, PORTAL ADDRESS: _____

BUYER/PURCHASER CONTACT INFORMATION

NAME: _____ EMAIL: _____

PHONE: _____

PREFERRED METHOD TO PLACE ORDER: EMAIL EDI DDN

EMAIL ORDER CONFIRMATION TO: _____

EMAIL SHIPPING CONFIRMATION TO: _____

EMAIL RETURN AUTHORIZATION TO: _____

MARKETING CONTACT INFORMATION

NAME: _____ EMAIL: _____

PHONE: _____

LOGISTICS CONTACT INFORMATION

NAME: _____ RECEIVING HOURS: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

IS DELIVERY APPT REQUIRED: _____ IF SO, CONTACT NAME: _____ TAILGATE REQUIRED: _____

A/P CONTACT INFORMATION

NAME: _____ EMAIL: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

PREFERRED METHOD OF INVOICING: EMAIL EDI

EMAIL INVOICE TO: _____

US CUSTOMERS: PLEASE INCLUDE A CURRENT TAX EXEMPTION/RESALE CERTIFICATE