

# CUSTOMER INFORMATION & CREDIT CARD FORM



Return to: Amanda Drake  
 Phone # 706-557-1400  
 Fax # 706-557-1405  
amanda@profoam.com

Date	Customer Number	Salesman	Referred By:
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## COMPANY INFORMATION

Full Legal Name/ Business Entity	Phone Number	Name	
DBA (doing business as)		E-mail Address	
Mailing Address	City	County	State
			Zip

## Accounts Payable Information

Accounts Payable Contact	Phone	Fax
Incorporated? What state?	Email	

## SHIPPING LOCATION

Shipping Location Name		Shipping Contact	
Address	City	State	Zip
Lift-gate Needed <input type="checkbox"/> YES <input type="checkbox"/> NO	Appointment Needed <input type="checkbox"/> YES <input type="checkbox"/> NO	Commercial	Residential
			<u>Phone Number (Required)</u>

## 4. CREDIT CARD INFORMATION

Name on Card	Phone Number
Billing Address	City
	State
	Zip
Card #	Expiration Date
	CCV

I agree to pay all charges associated with my order with the card above

Signature

Print Name

Date

**Attach Tax Exemption Certificate**