



300 Canal St Lawrence, MA 01840 P: 800-458-8010

## Customer Information Form

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Tax Id Number: \_\_\_\_\_

Business Type:  Corporation  Sole Proprietorship  Partnership

Bill To: \_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip

Ship To: \_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip

## Business Contact Information

Business Telephone: \_\_\_\_\_

Toll Free: \_\_\_\_\_

Fax: \_\_\_\_\_

Company Web Address: \_\_\_\_\_

Primary Purchasing Contact: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Operational Information

Hours of Operation: \_\_\_\_\_ Delivery Hours: \_\_\_\_\_

Most of our materials are delivered by common carrier. Is your facility equipped with dock level facilities?

Yes  No

If No, what is your delivery procedure?

\_\_\_\_\_  
\_\_\_\_\_

## Signature

Please provide the name, title and signature of the individual certifying that the answers to the questions above are a true representation of the facts:

Please Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Please fax or e-mail completed form to Kim Brown at 978-794-2012 or KBrown@Chemco.Net

Office Use Only  
Customer Number:  
Sales Representative: