



CUSTOMER INFORMATION FORM

OFFICE USE ONLY	
Account Type: _____	Sales Lead <input type="checkbox"/>
Salesperson: _____	Call In <input type="checkbox"/>
Account Number: _____	

Company Name: \_\_\_\_\_

DBA : \_\_\_\_\_

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

BILLING INFORMATION
_____
_____
_____
_____

SHIPPING INFORMATION
_____
_____
_____
_____

I authorize Chandler Equipment to send me invoice/statements, new prices, etc. via fax or e-mail.  YES  NO

Company E-mail Address : \_\_\_\_\_

Company Website : \_\_\_\_\_

General Manager(s):

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Accounts Payable Contact :

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Purchase Contact(s) :

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Shipping Instructions:  Prepaid  Collect - Account Number: \_\_\_\_\_

PLEASE PROVIDE COPY OF TAX CERTIFICATE

Federal Tax ID Number : \_\_\_\_\_

State of Incorporation : \_\_\_\_\_ State Tax Exemption Number : \_\_\_\_\_

SPECIAL INSTRUCTIONS
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