

Customer Master File

Office Use Only:
Customer # _____
Service Center _____
Open Date _____

Shipping Information:

Company Name: _____

Phone Number: _____

Ship to Address: _____

Fax Number: _____

City, State: _____

Zip Code: _____

Service Manager: _____

Email: _____

Type of Business: Farm Implement Dealer Cooperative/Elevator Fertilizer Dealer
 Farmer Ice Control Distributor Food/Grain Processor Municipality

Other: _____

Billing Information:

Company Name: _____

Phone Number: _____

Ship to Address: _____

Fax Number: _____

City, State: _____

Zip Code: _____

Accounts Payable Contact Person: _____ Email: _____

Would you prefer invoices be: Mailed (USPS) or Emailed

Are Purchase Orders REQUIRED? _____

Are you exempt from Sales Tax? _____

(If yes, please complete a Sales Tax Exemption Certificate and return with this form)

Estimated Annual Purchases? _____