

CUSTOMER INFORMATION



204 N FRONT STREET ROANOKE TEXAS 76262 800.548.5289

FACILITY INFORMATION

Facility Name: _____ Date: _____

Facility Address: _____ Street City St zip

QUOTES / BILLING

Billing Preference: [] email _____ [] mail _____ Street City St zip

Tax Status: [] Taxable [] Tax Exempt (Must include Texas Sales & Use Tax Exemption Certification)

Send Quote to: Name _____ [] email (email address) _____ Phone _____

Accounts Payable (customer contact if there is a credit card or payment issue)

Name _____ Phone _____ Fax _____ e-mail _____

Payment Method (check one): [] Credit Card [] Check [] ACH

SHIPPING PREFERENCES

Shipping Carrier: [] UPS [] FED EX [] SPECIAL CARRIER

Shipping number: [] P1 # [] Customer # _____

Standard Shipping method: [] ground [] 3 day [] 2nd day [] next day (3:30 pm) [] next day priority (10:30 am)

RUSH! Shipping method: [] ground [] 3 day [] 2nd day [] next day (3:30 pm) [] next day priority (10:30 am)

RUSH shipping: [] use automatically when specified RUSH! [] only when specifically instructed

Packing Slip Needed: [] NO [] YES If Yes: [] Priority One Packing Slip [] Customer Provided

Price on Packing slip [] NO [] YES

PURCHASE ORDER REQUIREMENTS

PO # Required: [] NO [] YES If Yes: [] Put PO on outside of box PO# required before repair is shipped? [] NO [] YES

When will PO # be sent: _____ Ex: with repair request; upon approval

Special Instructions: _____

Priority One TM Sales Rep: _____

For Office Use Only
[] HFPU Price Level: _____ Buying Group (GPO): _____ Remote Mobile: [] No [] Yes