



Accounting Depart.  
 300 Chatham Ave.  
 Suite 100  
 Rock Hill, SC 29730  
 Phone # 803-324-6575  
 Fax # 803-324-6749

## Customer Profile Information

Date

### General Information

Company Name			
Trade Name (if different then above)			
Corporate Address			
City/ State/ Zip/ Country			
Billing Address (if different then above)			
City/ State/ Zip/ Country			
Company Telephone Number			
Tax ID / Dun's Number			
Sales Tax Exempt Number			
Company Privately or Publicly Held?			
Website Address			
President/CEO			
Accounts Payable Name/Number			
Accounts Payable Email/ Fax #			
Accounts Receivable Name/Number			
Accounts Receivable Email/ Fax #			
Controller Name/Number			
Controller Email/ Fax #			
Buyer Contact Name/Number			
Buyer Contact Email/ Fax #			
Other Contact Name/Number			
Other Contact Email/ Fax #			

### PAYMENT TERMS

**Prepaid Account Only (Please check your method of payment below)**

Wire Transfer     Credit Card     Certified Check

Failure to comply will cause delays in any future shipments.

Claims should be made within 60 days from receipt of goods and before goods are used. Goods should not be returned without prior written consent.

Print Name:	Title:
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Signature:

Please return completed form to Sharon Borders, fax to 803-324-6749 or email: [sharon.borders@springscreative.com](mailto:sharon.borders@springscreative.com)

**Note: Please send in copy of your Resale Tax Certificate/Tax Emeption Certificate with this completed and signed profile. Your Application will not be set up until document is received.**