



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: |
|-------------|--------|

Signature: _____

Please return completed form to Sharon Borders, fax to 803-324-6749 or email: 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.