



Accounting Depart.  
7025 AUGUSTA RD  
**Customer Profile Information**  
GREENVILLE, SC 29607  
Phone # 800-845-2744  
Fax # 864-299-0603

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 Donna Gallagher, fax to 864-299-0603 or email: DGallagher@carolinamfg.com

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