

EMPIRE

STAPLE CO 1710 Platte Street, Denver, CO 80202 • 303-433-6803 • fax 303-433-4015

CUSTOMER ACCOUNT # FORM

Sales Rep # _____ DATE: _____

Customer Number: _____

Name of Business _____

Billing Address: _____

City: _____ State _____ ZIP _____

Type of Business: Roofing ___ Siding ___ General Contractor ___
Framing ___ Other _____

Phone# _____ Contact _____

Cell# _____ Fax# _____

Email Address: _____

Please check here if you do not wish to receive mailers/email _____

Is your purchases tax exempt? Yes ___ No ___

Without copies of your tax exemption certificate, Tax will be added.

Drivers License # _____

Signature: _____ Printed Name _____

Thank you for taking a moment to fill out this customer information sheet. With this information we will be better able to serve you by assigning you a customer number. This will allow us to keep track of the products you use. This will only assign you an account number and does not grant or imply an open credit account.

Signing this form gives Empire Staple Company permission to contact you/your Company by phone, fax or E-mail.

Reason for Cross Territory _____

FASTENING EXPERTS FOR CONSTRUCTION, FABRICATION AND PACKAGING

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