



## Customer Information Form

Company Name: \_\_\_\_\_

Main Location:

Contact Name: _____	Phone: _____
Email Address: _____	Fax: _____
Address: _____	
City: _____	State: _____ Zip Code: _____

Accounts Payable:

Contact Name: _____	Phone: _____
Email Address: _____	Fax: _____
Address: _____	
City: _____	State: _____ Zip Code: _____

Ship-to Location 1:

Contact Name: _____	Phone: _____
Email Address: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____

Ship-to Location 2:

Contact Name: _____	Phone: _____
Email Address: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____

Ship-to Location 3:

Contact Name: _____	Phone: _____
Email Address: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____

Please include additional Ship-to locations on separate sheet.

Please submit completed form, W-9 and Sales and Use Tax Resale Certificate via email ([sales@wellseals.net](mailto:sales@wellseals.net)),  
or fax (817-329-3888)