

CUSTOMER INFORMATION & CREDIT CARD FORM



Return to: Amanda Drake
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 Fax # 706-557-1405
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Date	Customer Number	Salesman	Referred By:
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COMPANY INFORMATION

Full Legal Name/ Business Entity		Phone Number	Name	
DBA (doing business as)			E-mail Address	
Mailing Address	City	County	State	Zip

UPS SHIPPING LOCATION

Shipping Location Name		Shipping Contact		
Address		City	State	Zip
Commercial	Residential	<i>**Note: Residential Shipping Cost are Higher than Commercial**</i>		<u>Phone Number (Required)</u>

CHEMICAL SHIPPING LOCATION

Shipping Location Name		Shipping Contact		
Address		City	State	Zip
Lift-gate Needed YES NO	Appointment Needed YES NO	Commercial	Residential	<u>Phone Number (Required)</u>

***Note: Residential and/or Lift Gate Shipping Cost are Higher than Commercial without Lift Gate**If you have the ability to use a Commercial Location or pick up at the local freight terminal this may be a more beneficial option ***

CREDIT CARD INFORMATION

Name on Card		Phone Number		
Billing Address		City	State	Zip
Card #	Expiration Date		CCV	

I agree to pay all charges associated with my order(s) with the card indicated above.

Signature _____ Print Name _____ Date _____

Attach Tax Exemption Certificate