



Customer Information Form

Date: _____

Company Structure: ☐ Corporation ☐ Partnership ☐ Individual

Date Established: _____ Federal Tax ID: _____

Tax Exempt ☐ Yes ☐ No Tax-Exempt Number: _____

(If yes include a copy of tax-exempt form)

Billing Address

Company Name:		
Billing Address:		
City:	ST:	Zip:
Country:		
AP Contact:		
AP Phone		
AP email:		
Email for invoices and statements:		

Shipping Address (if different)

Company Name:		
Shipping Address:		
City:	ST:	Zip:
Country:		

Does your company require purchase orders? ☐ Yes ☐ No

Verbal purchase orders allowed? ☐ Yes ☐ No



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