



Phone: 800-290-1577

Fax: 888-693-9077

Customer Information Form

Corporate Name: _____

Resale #: _____

Billing Information

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

***Email:** _____

Contacts

Owner: _____

Phone: _____ Fax: _____

***Email:** _____ Cell: _____

A/P: _____

Phone: _____ Fax: _____

Email: _____

Shipping Location #1

Store Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Manager: _____ ***Email:** _____

Shipping Location #2

Store Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Manager: _____ ***Email:** _____

****NOTE: Email address is used solely for an order acknowledgement, invoiceing & shipping notifications. Filpac does NOT sell or give out your information.***

Territory Manager: _____ Account #: _____