



## CUSTOMER INFORMATION CARD

ACCOUNT NAME \_\_\_\_\_

CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

TAX ID \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

SELLER'S PERMIT NUMBER: \_\_\_\_\_

**Please fill out this form and send to:**

**Charles@sandicabinet.com**

**Wayne@sandicabinet.com**