

**BASIC INFO:**Full Legal Company Name Other Names (DBA) **Billing** Address City/State/Zip **Shipping** Address City/State/Zip  Number of Employees **BUYER CONTACTS:****Name**  Title Phone  Email **Name**  Title Phone  Email **Name**  Title Phone  Email **CONTACT DETAILS:****Order Acknowledgments:** Name  Email **Invoice:** Name  Email **DELIVERY INFO:**Do you have a loading dock?  Yes  No Are there special requirements for delivery?  Yes  NoPlease explain special requirements Do you require inside delivery?  Yes  No Do you require delivery appointments?  Yes  NoReceiving hours Delivery Contact Name  Phone Email **Describe your company:**  Manufacturing  Medical  Transportation  Government  Food  
 Educational  Service  Office  Lodging  Resell  Church  Other: **Does your company have multiple locations?**  Yes  No **If yes, please list other addresses:****Products used:**  Paper  Packaging  Safety  Jan/San  Floor Care Equipment  PPE  
 Facility Maintenance  Matting  Waste Receptacles  Wipers  Skin Care  
 Chemicals  Floor and Carpet Care  Material Handling  Other: **Does your company require a Purchase Order?**  Yes  No**What is your preferred method of ordering?**  Web Order  Calling Customer Service Other: **PLEASE COMPLETE ALL FIELDS. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**Print Name  Email  Date