**CUSTOMER PROFILE**

CORPORATE INFORMATION

LEGAL NAME: Click here to enter text.

CORPORATE ADDRESS: Click here to enter text.

CITY: Click here to enter text. STATE: Click here to enter text. ZIP: Click here to enter text.

BILLING INFORMATION

NAME: Click here to enter text.

ADDRESS: Click here to enter text.

CITY: Click here to enter text. STATE: Click here to enter text. ZIP: Click here to enter text.

REQUIRED TO SEND WITH INVOICE: CLICK ALL THAT APPLY

BOL  POD  PO  ENTRY SUMMARY  OTHER: Click here to enter text.

REQUIRED ON INVOICE: CLICK ALL THAT APPLY

BOL #  PO #  ENTRY #  CHARGES DETAILED  OTHER: Click here to enter text.

ACCOUNT PAYABLE INFORMATION

AP CONTACT NAME: Click here to enter text.

PHONE #: Click here to enter text. EMAIL: Click here to enter text. FAX: Click here to enter text.

PREFERRED METHOD TO RECEIVE INVOICES: CHECK ALL THAT APPLY

EMAIL  US MAIL  FAX  COURIER  OTHER: Click here to enter text.

PAYMENT INFORMATION

PAYMENT METHOD:

CHECK  ACH  WIRE TRANSFER  CREDIT CARD (VISA, MASTERCARD, DISCOVER)

PAYMENT FREQUENCY:  WEEKLY  TWICE A WEEK  MONTHLY  TWICE A MONTH

**NNR USE:** CUSTOMER # Click here to enter text.