



Customer Information Form

Fax completed form to (909) 770-5713 or email to Finance@DCIHollowMetal.com

FIRM NAME

Name of Parent Company if Subsidiary

Billing Address City, State, Zip

Shipping Address City, State, Zip

Phone Tax I.D. Number

Form of Business: Sole Proprietorship Partnership Corporation

State Incorporated In Number of Years Established

Previous Address (if at present location under 5 years)

Kind of Business Annual Sales No. Employees

Resale/Taxable Resale # D and B #

Date

Authorized Signature

Printed Name

Email Address

Title

Phone

FOR FUTURE REFERENCE, PLEASE PROVIDE CONTACT INFORMATION FOR YOUR PAYABLES STAFF

Payables Contact Printed Name

Email address

Mailing address

Preferred method of contact: Phone Email Either Phone or Email

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