



Customer Contact Sheet

NAME: _____

BILLING ADDRESS: _____

PHONE NUMBER: _____ - _____ - _____

FAX NUMBER: _____ - _____ - _____

EMAIL: _____

(Plumb Works will send Invoice via E-mail or fax as soon as work is complete)

BUSINESS TYPE: _____

FED ID: _____

DATE BUSINESS ESTABLISHED: _____

CORP () PARTNERSHIP () PROPRIETORSHIP ()

PRINCIPALS (FULL NAMES OF OWNERS OR AUTHORIZED OFFICERS)

NAME: _____ TITLE/POSITION: _____

NAME: _____ TITLE/POSITION: _____

PERSON WHO HANDLES YOUR ACCOUNTS PAYABLE:

NAME: _____ E-MAIL: _____

DIRECT PHONE LINE: _____

CREDIT REFERENCES

NAME: _____ ADDRESS: _____

PHONE: _____ - _____ - _____ FAX: _____ - _____ - _____

NAME: _____ ADDRESS: _____

PHONE: _____ - _____ - _____ FAX: _____ - _____ - _____

STANDARD PAYMENT TERMS ARE **NET 20 DAYS**. FAILURE TO PAY WITHIN TERMS MAY RESULT IN THE SUSPENSION OF SERVICES AND/OR THE ACCOUNT BEING PLACED FOR COLLECTION. COLLECTION EXPENSES INCURRED WILL BE THE RESPONSIBILITY OF THE APPLICANT.

THE ABOVE INFORMATION IS HEREWITH SUBMITTED FOR THE PURPOSE OF ESTABLISHING CREDIT WITH PLUMB WORKS INC. I DO HEREBY CERTIFY THIS INFORMATION TO BE TRUE AND AUTHORIZE ALL REFERENCED ABOVE TO RELEASE INFORMATION TO PLUMB WORKS INC. FOR CREDIT PURPOSES.

SIGNATURE (OFFICER): _____ DATE: _____

PHONE: (404) 524-1825 496 GLEN IRIS DRIVE*ATLANTA, GA 30308
FAX: (404) 524-4228 LICENSED*INSURED MEMBER GAPHC