

## **CUSTOMER MASTER FORM**

Fed. ID No:					
Company:					
Address:					
City:		State:		Zip Code:	
Country:		Country Code:			
Group:	Division:	Busines	s Type:	Years Trading:	
E-Mail Address:		Web Site:		:	
Sales Contact:					
Phone Number:			Fax Number:		
A/P Contact:					
Phone Number: Fa			Fax Number:		
Sales Tax Certif. No.:			(Attach Copy)		
Ship to Address:					
Completed By:			Date:		
Approved By:		Date:			
FOR INTERNAL USE ONLY					
Customer Number:			Territory Co	ode:	
Terms of Payment:					

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