

ADVANCED

BUSINESS EQUIPMENT

Please email completed form
to contracts@abecarolina.com

SALES REP: _____

CUSTOMER RECORD INFORMATION

COMPANY LEGAL NAME	DBA

PHYSICAL ADDRESS	BILLING ADDRESS Same as physical address
Address 1	Address 1
Address 2	Address 2
City County	City County
State Zip	State Zip

Phone () - - Ext. Fax Phone () - -
 Phone () - - Ext. Website _____

BILLING

Taxable Yes No Tax Exempt Code _____ (Email tax exempt certificate)
 PO required Yes No Tax Number _____
 Federal Employer ID _____

SPECIAL REQUESTS FOR SALES ORDERS AND SERVICE CALLS

CONTACTS

Authorized Decision Maker, Contract Signer

Name (First, Last) _____ Title _____
 Phone () - - Ext. Email _____

Accounts Payable Contact

Name (First, Last) _____ Title _____
 Phone () - - Ext. Email _____
 E-mail 2 _____ E-mail 3 _____
 Invoice/ Statement Delivery Preference: E-mail Mail

Meter Read Contact by Location

1) Name (First, Last) _____ Title _____	Location _____
Phone () - - Ext. Email _____	
2) Name (First, Last) _____ Title _____	Location _____
Phone () - - Ext. Email _____	
3) Name (First, Last) _____ Title _____	Location _____
Phone () - - Ext. Email _____	
4) Name (First, Last) _____ Title _____	Location _____
Phone () - - Ext. Email _____	

IT Contact

Name (First, Last) _____ Title _____
 Phone () - - Ext. Email _____