
ESTIMATED \$ AMOUNT

SHIP VIA

CUSTOMER TYPE

SALESPERSON

COMPANY NAME:

BILLING ADDRESS:

CITY:**STATE****ZIP CODE:**

COUNTY**TAX EXEMPT: Y N****EXEMPT #**

CONTACT PERSON:

PHONE NUMBER:**FAX NUMBER:**

EMAIL ADDRESS:

A/P CONTACT:

PHONE NUMBER:**FAX NUMBER:**

EMAIL ADDRESS:

YEARS IN BUSINESS:**TYPE OF BUSINESS:**

SHIP TO ADDRESS (IF DIFFERENT)

TRADE REFERENCES (ATLANTA AREA IF POSSIBLE)

1.CO. NAME

ADDRESS**PHONE#****FAX#**

ACCOUNT#

2.CO. NAME

ADDRESS**PHONE#****FAX#**

ACCOUNT#