MERCANA

Customer Information Form / October 2007

DATE: _____

Principal Owners: _____

Principal Owners: _____

Business Name _____ **Sales Contact:** _____

Phone: _____:_____ **Accts Payable Contact:** _____

Bill To:_____ **Ship To:** _____

Address _____City_____ Address _____City_____

State/Prov. _____ Postal Code_____ State/Prov. _____ Postal Code_____

Phone (_____) _____ Cell (_____)_____ Phone (_____) _____ Cell (_____)_____

Fax (_____)_____ Fax:(_____) _____

Email _____ **SALES REP** _____

SHIPPING INFORMATION (Please indicate)

☐ Inside Delivery Required ☐ Ship To: address is Residential ☐ Ship To: is a Rural Address ☐ Yes ☐ No Loading Dock available

Lift gates (if needed) will be an extra charge. Customers willing to break pallets on the truck can save Lift Gate Charges where There Is No Dock.

☐ Check If Your Are Willing to Assist / Breaking Down Pallet ☐ Inside Delivery Required Days & Hrs of Receiving: _____

CONTACT INFORMATION

Principal Owner(s)	A. _____	Phone_____	Ext. _____
	B. _____	Phone_____	Ext. _____
Purchasing	A. _____	Phone_____	Ext. _____
Accounts Payable	_____	Phone_____	Ext. _____

BUSINESS INFORMATION

Date Business Began _____

Type of Business ☐ Furniture Store ☐ Gift / Home Décor ☐ Nursery ☐ Contractor ☐ Designer ☐ Framer ☐ Contractor
☐ Photography ☐ Other _____

Type of Entity ☐ Corporation ☐ Partnership ☐ Sole Proprietorship (Individual)

FEDERAL TAX EXEMPTION NUMBER _____ **STATE/PROV TAX EXCEMPTION NUMBER**_____

Without the exemptions numbers WE ARE REQUIRED TO CHARGE TAX on your purchase(s) according to applicable state/provincial law.

Authorization to use Credit Card for initial orders

☐ I/We authorize the Credit Card below as our method of payment on CURRENT ORDERS ONLY with approval for each order.

☐ I/We authorize the Credit Card below as our method of payment on CURRENT and FUTURE ORDERS.

Credit Card #_____ Expiry_____ Card Type ☐ Visa ☐ Master/Card

Cardholders Name_____ Print _____

☐ I/We wish to apply for Credit for future orders and would like a Credit Application.

AUTHORIZED SIGNATURE **NAME (PLEASE PRINT)** **TITLE OF PERSON(S) SIGNING**

_____ _____ _____

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