

CUSTOMER PROFILE

Please attach a copy of your Resale Certificate with this form when complete

Email to sales@CasualCushion.com

Company Name:

Billing Address:

Shipping Address (*if different than Billing*):

Phone:

**Primary
Contact:**

Fax:

**Secondary
Contact:**

Email:

E.I.N:

Website:

Resale No:

Email(s) for Invoices/Order Confirmations:

Email(s) for Sale and New Product Information:

Shipping Instructions/Account No:

CONTACT INFORMATION

Buyer:

Phone:

Mobile:

Fax:

Email:

Accounting:

Phone:

Mobile:

Fax:

Email:

Alt. Contact:

Job Title:

Phone:

Mobile:

Fax:

Email:

Buyer:

Phone:

Mobile:

Fax:

Email:

Receiving:

Phone:

Mobile:

Fax:

Email:

Alt. Contact:

Job Title:

Phone:

Mobile:

Fax:

Email:

FOR INTERNAL USE ONLY

Accounting:

JS:

DNB:

Credit Limit:

Resale Cert:

Pricing:

References:

Notes: