Customer Contact Update Form

Company Info

Company Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Email _____

Website _____

Sales Tax Exempt ☐ Yes, please attach certificate ☐ No **Sales Tax ID #** _____

Main Contact Info

Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Email _____

Website _____

Sales Tax ID # _____

☐ Billing same as main contact info

Billing Contact Info

Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Email _____

Website _____

Sales Tax ID # _____