

CUSTOMER INFORMATION SHEET

**TNT DOOR AND DRAWER INC.
45 SUNBELT PARKWAY
COVINGTON, GA. 30014
PH. (770) 385-1119 FAX (770) 385-1223**

Business Name: _____

Physical Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Mailing Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Cell:** _____

E-mail: _____

Business Type: () Corporation () Partnership () Sole Proprietorship () Individual

Date Established: _____ **Business License#:** _____

Sales Tax Exemption #: _____ **FEIN#:** _____

DL#: _____ **SS#:** _____

Bank information:

Bank Name: _____ **Acct. #:** _____

Name as it appears on account: _____

Phone: _____

Owner/President information:

Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone #: _____

Owner/Other information:

Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone #: _____

Please be advised, the person or persons signing this application will be held personally responsible for any debts accrued while doing business with our company. This is NOT an application for credit terms.

Owner/President Signature

Date

Owner/Other Signature

Date

Whom can we thank for referring you? _____