CUSTOMER INFORMATION SHEET

TNT DOOR AND DRAWER INC. 45 SUNBELT PARKWAY COVINGTON, GA. 30014

PH. (770) 385-1119 FAX (770) 385-1223 Email: sales@tntdoor.com

Business Name:			
Billing Address:			
City:	County:	State:	Zip:
Delivery Address:			
City:	County:	State:	Zip:
Phone:	Fax:	Cell:	
Contact for Ordering:	Phone to call for deliveries:		
E-mail:	Secondary Contact: Phone #		
(*Individual) & (**Corporation,	Partnership, Sole Proprietorship) Must hav	ve one or the other to	be set up.
Business Type: () Corpora	ation () Partnership () LLC ()	Sole Proprietorship	() Individual
Date Established:	Sales Tax Exemption #:		Must send ST-5M Form
Business License#:	**FEIN#:_		
*DL#:	*SS#:		
Bank information: (Same infor	mation found on your check)		
Bank Name:	Acct. #:		
Name as it appears on account:			
Phone:			
Owner/President Information:			
Name:			
Home Address:			
City/State/Zip:			
Home Phone #:			
Co-Owner/Partner Information	<u>ı:</u>		
Name:			
Home Address:			
City/State/Zip:			
Home Phone #:			
	ons signing this application will be held personally s form will require pre-payment for all orders place		
Owner/President Signature		Date	
Co-Owner/Partner Signature		Date	
All payments made by credit car	rd will incur a 3% convenience fee. To avoid the	e fee we also accept cas	h, money order, and check.
Whom can we thank for referring y	ou?		