

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? _____