

HT ENTERPRISE, INC CUSTOMER INFORMATION FORM



Company Name: _____
Buyer/Contact Name (1): _____
Office Phone Number (1): _____ Extension _____
Cellular Phone Number (1): _____
E-Mail address (1): _____

Buyer/Contact Name (2): _____
Office Phone Number (2): _____ Extension _____
E-Mail address (2): _____
Website: _____
Facsimile Number: _____

Billing Address: _____

Ship to address: _____

Does this Ship To Address have a Loading Dock or Forklift? (Yes or No) _____

If not, lift gate will be required for truck service

A/P Contact (1): _____
A/P Contact Phone Number (1): _____ Extension _____
A/P Contact E-mail address (1): _____
Warehouse Contact: _____
Warehouse Telephone Number: _____

Preferred Shipping (e.g.. UPS, FED EX ETC): _____
Account Number: _____

Preferred Truck Line for palletized collect shipments _____

Special Shipping Instructions: _____

EDI Capability: _____

TYPE OF BUSINESS: Corporation ___ Partnership ___ Individual ownership ___
Nature of Business: Distributer ___ Retail/Sports shop ___ Chain Store ___ Other ___

Once we receive the above information, a completed W-9 form, a signed sales tax exemption form (if applicable), and your application is approved, you will be contacted by a sales representative from HT Enterprises Inc. with your customer number.

PLEASE COMPLETE AND FAX TO 920-533-5147 OR MAIL TO HT ENTERPRISES, INC P.O. BOX 909
CAMPBELLSPORT, WI 53010 ATTN: SALES DEPARTMENT