SPARTAN SURFACES

CUSTOMER INFORMATION FORM

Please select customer type	New Customer	Existing Customer Update	
Business Information			
Business Name			
Doing Business As			
Business Address			
Business Phone	Business Fa	x	
Website			
Federal Tax ID #			
Shipping Address (only if			
different than billing address)			
-			
Receiving Hours			
		Yes*	No
Is the company sales tax ex	empt?		
	* If you answer YES please include a	copy of all applicable Sales Tax Res	sale Certificates
Do you currently have an or	rder pending?		
Which states do you hold a	tax exempt certificate? (check all that apply)		
Connecticut	New Jersey	Virginia	
Illinois	New York	Washington, DC	
Maryland	Pennsylvania		
Contact Information			
Name Name			
Payable email Name			
Phone	Business Fa	x	
Name Name			
email			
Phone Phone	Business Fa	x	
		email Postal Servic	e
Preferred method of receiv	ing invoices (check all that apply)		
	resentative's Acknowledgement & Signature		
-			
	igning below, you acknowledge that the information provio	ded on this form is correct.	
Signature	2.1		
Required*	Date		
Print Name Phone	Title		
	Fax		
E-Mail	\.		

Spartan Surfaces Use Only

Entered By	Date Entered	Acct No.	
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