RECORD CENTER INNOVATIONS

CUSTOMER DATA SHEET

New customers - Complete all sections
Current customers - Complete CHANGING ADDRESSES and other sections requiring change
Signature Always Required

Check One ☐ ☐ New Customer ☐ Current Customer

CUSTOMER DELIVERY ADDRESS:

Company Name	
Dept/Sub-acct Name	
Street Address	
City	
State	
Zip Code	

BILLING ADDRESS:

Company Name	
Dept/Sub-acct Name	
Street Address	
City	
State	
Zip Code	

BILLING DATA:

Purchase Order Number		Tax Exemption Number	

PRIMARY CONTACT:

Name (First and Last)		Telephone Number	
E-mail Address		Fax Number	

_____
Authorized Customer Signature Date

_____
Received by (Record Center Innovations, Inc.) Date