



Please provide current information in the fields below on both pages, and send it to us via email

COMPANY INFORMATION

Company Name:

**Parent Company:
(if applicable)**

Billing Address

Street Address:

City:

State:

Zip Code:

Phone:

Primary Shipping Address

Street Address:

City:

State:

Zip Code:

Phone:

**Multiple Shipping
Locations?**

Please check the box if you have multiple shipping addresses. then attach / email a separate sheet with all addresses & contact information for purchasing and sales.

ACCOUNTS PAYABLE INFORMATION

First Name:

Last Name:

Phone:

Fax:

Email:

SALES CONTACT INFORMATION

First Name:

Last Name:

Phone:

Fax:

Email:

PURCHASING CONTACT INFORMATION

First Name:

Last Name:

Phone:

Fax:

Email:

OTHER INFORMATION

Preferred Freight
Carrier:

Any Special
Instructions:

Please Attach Credit References

Please Attach Resale Tax Certificate

Please include any other information that may be relevant. Once completed, please save this form and use the web form upload function found [here](#) to send it to us, or email it to info@altaflo.com.

Thank you in advance for your prompt attention to this important request.

