



We would like to request that you fill this form out completely as possible. This will help us to supply you with fast and accurate orders, shipping and invoicing.

CUSTOMER QUESTIONNAIRE

Company Name _____

Subsidiary or Division of _____

Federal Tax # _____ State Tax # _____

***** Please provide a current Resale Certificate for Sales Tax if you are Tax Exempt *****

BILL TO ADDRESS

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

MAIN SHIP TO ADDRESS

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

SECONDARY SHIP TO ADDRESS

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Preferred Shipping Method: _____

ElectraLED, Inc. • 10990 49th Street N. • Clearwater, FL 33762 • 866-561-7610 • Fax 727-561-7605

info@electraled.com • gov@electraled.com • www.electraled.com

CONTACT INFORMATION

President or CEO: _____ Title: _____

PURCHASING

Name: _____

Title: _____ E-Mail: _____

Phone: _____ Fax: _____

Name: _____

Title: _____ E-Mail: _____

Phone: _____ Fax: _____

ACCOUNTS PAYABLE

Name: _____

Title: _____ E-Mail: _____

Phone: _____ Fax: _____

Name: _____

Title: _____ E-Mail: _____

Phone: _____ Fax: _____

ADDITIONAL CONTACTS

Name: _____

Title: _____ E-Mail: _____

Phone: _____ Fax: _____

Name: _____

Title: _____ E-Mail: _____

Phone: _____ Fax: _____

SPECIAL INSTRUCTIONS

This form completed by: _____

Dated: _____