



## 21282 Brady Street - Davenport, IA 52806 Phone: 563-888-2000 Fax: 563-388-9000 New Customer Information Sheet

Please fill out as completely as possible and return.

Company:			
Address:			
City:		Zip:	
Phone:	Fax:		
Federal ID#	In Business	In Business Since:	
Bill to Address:			
City:	State:	Zip:	
Accounts Payable Information	(Email address needed for e	electronic invoicing.)	
Contact Name:			
Phone:			
Accounts Payable Email Addre	ss:		
Please list any special paymen	t requirements:		
Bank Reference:			
Contact:			
<u>Credit References</u>			
Company:			
Address:			
City:			
Phone:	Fax:		
Company:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Please list additional references on a	separate sheet.		
I hereby authorize Straight Shot Exabove parties and agree to payment payment. Standard terms are net 1	nt terms and conditions as prese	to obtain credit information from the ented on the invoice submitted for	
Signature:			
Title		Data:	