

GCS CUSTOMER INFORMATION

FORM 0002 - 09/25/10 IHG



Gear
Cleaning
Solutions

Taking Care of the Gear that Takes Care of You.

FOR GCS USE ONLY

BILLING INFORMATION

Department:		
Billing Contact:		
Billing Address:		Phone:
City:	State:	
Phone:	Fax:	ZIP Code:
Email:		
Tax Cert on File: Yes <input type="checkbox"/> NO <input type="checkbox"/>	Tax ID #	Contract Pricing Yes <input type="checkbox"/> NO <input type="checkbox"/>
Credit Card On File: Yes <input type="checkbox"/> NO <input type="checkbox"/>	C/C Info:	Exp:

SHIPPING ADDRESS INFORMATION

Attention To:		
Department address:		
City:	State:	ZIP Code:
RS Labels Provided: Yes <input type="checkbox"/> NO <input type="checkbox"/>	How Many:	Dollar Amount Each:

QUARTER MASTER INFORMATION

Name:		
Phone 1:	Phone 2:	Fax:
City:	State:	ZIP Code:
Position:	Cellular:	Emergency:
Email:		
Price Detail Copy Sent: Yes <input type="checkbox"/> NO <input type="checkbox"/> Any other form of Report Needed:		

Insert A Copy Of
Business Card Here
If Provided.

Note: All New Customer Will Be Set Up To Pay Taxes Unless A Tax Exempt Cert Is Provided.

Method Of Delivery:	<input type="checkbox"/> GCS Delivery	<input type="checkbox"/> UPS Delivery	<input type="checkbox"/> Customer Pick Up
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