



# axiom america

Archdale NC | Baltimore MD | Evansville IN | Chicago IL

## Customer Information Form

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City State/ Province \_\_\_\_\_

Zip/ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Accounts Payable Contact (if different than above)

Name \_\_\_\_\_

Email \_\_\_\_\_

EIN# \_\_\_\_\_ Resale # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_