



Customer Information Sheet

PANEL INC.

a sign supply company

Date: _____

Company Name: _____ Phone: _____

DBA: _____ Fax: _____

Billing Address: _____ Tax Exempt #: _____

City: _____ State: _____ Zip: _____ County: _____

Type of Business: _____ Date Business Started: _____

Individually Owned Partnership Limited Partnership Corporation State in which incorporated _____

Owner's Name: _____

Authorized Purchasers' Names: _____

Emergency Contact Name: _____ Phone #: _____

Shipping Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Please attach detailed directions and a map to your store location.

Business Hours: ___ am to ___ pm **Receiving Hours:** ___ am to ___ pm **Closed for lunch?:** Y / N

Unload at: Dock / Back Door / Front Door / Side Door

After hour drop off instructions: _____

How many employees?: _____ **Approximate Building Size?:** _____

Equipment Used:

Plotter(s) Brand: _____ Model#: _____ Size: _____

Digital Printer(s) Brand: _____ Model#: _____ Size: _____

Heat Press Brand: _____ Model#: _____ Size: _____

Router Table Brand: _____ Model#: _____ Size: _____

Panel Saw: Y / N

Table Saw : Y / N

Metal Shear: Y / N

Bucket Truck: Y / N

Fork Lift: Y / N

Please list any other heavy equipment used: _____

Future equipment to be purchased: _____

Do you want billing to your credit card?

Credit Card Type: Visa Master Card Amex Discover

Account Number: _____ Exp: _____

Cardholder Name: _____ Signature: _____