



COMPANY CONTACT FORM

Company Name: _____

Bill to Address: _____

Ship to Address: _____

(Attached sheet for additional shipping locations)

Telephone #: _____ **Fax:** _____

Contact Name: _____ **Title:** _____

Authorized Purchasers (Any one authorized to purchase from Laminatemoldings.com must be listed below. Please select your preferred method of contact.)

Name: _____ **Tel./Fax/E-Mail:** _____

Name: _____ **Tel./Fax/E-Mail:** _____

Name: _____ **Tel./Fax/E-Mail:** _____

Name: _____ **Tel./Fax/E-Mail:** _____

Name: _____ **Tel./Fax/E-Mail:** _____

Accounts Payable (Please select your preferred method of contact.)

Name: _____ Tel.
Fax
E-Mail

PLEASE SELECT HOW YOU WOULD LIKE TO RECEIVE YOUR CONFIRMATIONS:

Mail Fax E-Mail

PLEASE SELECT HOW YOU WOULD LIKE TO RECEIVE YOUR INVOICES

Mail Fax E-Mail

WOULD YOU LIKE TO RECEIVE SHIPMENT NOTIFICATIONS FOR YOUR ORDERS?

YES NO

IF YES, PLEASE LIST THE FAX # OR EMAIL ADDRESS WHERE YOU WOULD LIKE TO RECEIVE YOUR SHIPMENT NOTIFICATIONS.

FAX: _____ EMAIL: _____

SPECIAL NOTES/REQUESTS FOR THIS ACCOUNT: (Please note any special procedures or requests for this account)

***** PLEASE FAX BACK TO 252-430-8801 *****

Please list additional ship to locations here!

Ship to name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Contact Person: _____

Contact Phone: _____ **Fax:** _____

Ship to name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Contact Person: _____

Contact Phone: _____ **Fax:** _____

Ship to name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Contact Person: _____

Contact Phone: _____ **Fax:** _____