



**1.866.200.8132**

Fax: 252.430.8801  
860 Commerce Drive, Henderson, NC 27537  
www.versatrim.com

## Company Contact Form

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BILL TO ADDRESS**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**SHIP TO ADDRESS**

See attached sheet for additional shipping locations

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**AUTHORIZED PURCHASERS**

Any one authorized to purchase from Versatrim, Inc. must be listed below. Please list first AND last names. Please select your preferred method of contact.

Name: \_\_\_\_\_  Phone  Fax  Email \_\_\_\_\_

Name: \_\_\_\_\_  Phone  Fax  Email \_\_\_\_\_

Name: \_\_\_\_\_  Phone  Fax  Email \_\_\_\_\_

Name: \_\_\_\_\_  Phone  Fax  Email \_\_\_\_\_

Name: \_\_\_\_\_  Phone  Fax  Email \_\_\_\_\_

**Please Fax Back to 252-430-8801**



# Company Contact Form

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

Name: \_\_\_\_\_  Phone  
 Fax  
 Email \_\_\_\_\_

**How You Would Like To Receive Your Confirmations:** \_\_\_\_\_  
 Fax  Email \_\_\_\_\_

**How You Would Like To Receive Your Invoices:** \_\_\_\_\_  
 Mail  Fax  Email \_\_\_\_\_

**How Would You Like To Receive Shipment Notifications For Your Orders?**  
 Yes  No  
If yes, please list the fax number 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**



# Company Contact Form

Please list additional ship to locations here! (You may photocopy this page if necessary.)

**SHIP TO ADDRESS**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Purchasers for Location: \_\_\_\_\_

**SHIP TO ADDRESS**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Purchasers for Location: \_\_\_\_\_

**SHIP TO ADDRESS**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Purchasers for Location: \_\_\_\_\_

**Please Fax Back to 252-430-8801**