



*Lifting Expectations!*

## Customer Master Form

### Customer Information

<b>Bill To Information:</b>	<b>Ship To Information:</b>
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New Customer  
 COD Customer  
 Additional Billing Location  
 Change to Current Customer

\_\_\_\_\_

Customer Bill To #

\_\_\_\_\_

Customer Name

\_\_\_\_\_

Street Address Line 1

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

City, State Zip

(    )                      (    )

\_\_\_\_\_

Phone                      Fax

\_\_\_\_\_

Purchasing Contact

\_\_\_\_\_

Purchasing Contact E-mail Address

New Customer  
 Change to Current Customer

\_\_\_\_\_

Customer Ship To #

\_\_\_\_\_

Customer Name

\_\_\_\_\_

Street Address Line 1 (No PO Box Allowed for Ship To)

\_\_\_\_\_

Street Address Line 2 (No PO Box Allowed for Ship To)

\_\_\_\_\_

City, State Zip

(    )                      (    )

\_\_\_\_\_

Phone                      Fax

\_\_\_\_\_

Purchasing Contact

\_\_\_\_\_

Purchasing Contact E-mail Address

<b>Internal Use Only</b>	Division (Branch) _____ Territory (CSS) _____ Salsman (TM) _____ SIC Code _____	Division (Branch) _____ Territory (CSS) _____ Salsman (TM) _____ SIC Code _____
	Submitted By: _____	Date Submitted _____
	Acct. Receivable _____	
	Billing _____	Approved By: _____
	Sales Coordinator _____	Approved By: _____
	Parts Dept. _____	Approved By: _____
	Service Dept. _____	Date Approved _____

## Additional Customer Information

What is being purchased? \_\_\_\_\_  
\_\_\_\_\_

What is the cost of the order? \_\_\_\_\_

Is the customer **TAX EXEMPT?**  Yes  
(Please attach exemption certificate)  No

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## Purchase Orders

Does the customer require a  
**PO #** for all orders?

- Yes  
 No

\_\_\_\_\_  
Primary PO Contact Person

\_\_\_\_\_  
Secondary PO Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

( )

( )

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
E-mail Address

*Special PO Process Instructions:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Accounts Payable

\_\_\_\_\_  
Primary AP Contact Person

\_\_\_\_\_  
Secondary AP Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

( )

( )

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
E-mail Address

Does the customer require a  
special **AP Invoice Process?**

- Yes  
 No

*Special AP Invoice Process Instructions:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer understands that failure to pay in agreed terms could result in finance charges and loss of discount.

### Internal Use Only

Special Billing Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AP Terms: Net \_\_\_\_\_ Approved By: \_\_\_\_\_ Date Approved \_\_\_\_\_

# Additional Aftermarket Information

## Service

Service Technician Instructions \_\_\_\_\_  
(Parking, Preferred Service Date/Time) \_\_\_\_\_  
\_\_\_\_\_

Preferred Technician \_\_\_\_\_  
Desired Response Time \_\_\_\_\_

## Parts

Parts Needed (Special Parts Needed or Required to have in Inventory or On-Hand)	Part #	Quantity	Additional Information about Part
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Customer Chain of Command: Fleet

	Contact Name	Title	Department	Phone #	E-mail Address
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

## Equipment List

(Please Attach Equipment List if More Space is Needed)

Customer Unit #	Make	Model	Serial #	Dept.	Description	Capacity	Location	Notes

<b>Internal Use Only</b>	Special Aftermarket Instructions:
	_____
	_____
	_____
Parts Supervisor _____	Date Approved _____
Service Supervisor _____	Date Approved _____

