



MILLINGTON, TN • LITTLE ROCK, AR

Name of Company: _____ # Years in business _____

EIN # _____ DUNS #: _____ Number of Years In Business: _____

Bill To Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Main Email Address: _____

AP Contact: _____ **AP Phone:** _____

AP Email: _____

Tax Exempt Y / N (type of exemption) _____ (Provide certificate) Purchase order required? _____

Ship To Address: _____

City _____ State _____ Zip _____

Main Phone Number: _____ Main Fax Number: _____

Ship To Contact Email: _____

OWNERSHIP:

1. _____ Title: _____

2. _____ Title: _____

TRADE REFERENCES:

Company _____ PH _____ Email _____

Company _____ PH _____ Email _____

Company _____ PH _____ Email _____

*We certify that all the information on this form is correct We fully understand your credit terms of
Net 30 days and agree to the proper payment in consideration of the extended credit.*

Signed: _____ DATE _____

Print: _____ Title: _____

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