

## Customer Information Form

Addresses

**Invoice Address**

Company:

Address:

Address 2:

City State Zip:

**Shipping Address**

Check if same as Invoice Address

Company:

Address:

Address 2:

City State Zip:

Contacts

**Purchasing Contact**

Name:

Phone:

Fax:

E-mail:

**AP Contact**

Name:

Phone:

Fax:

E-mail:

Credit Card Information

Name On Card:

Credit Card Number:

Expiration Date:

Digits from the back:

Authorized Representative (print Name)

**Payment Terms are Upon Receipt**

**Bill my credit card for invoices received from RxCoop where applicable. Check One YES  No**

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Shipping Preferences

**Notes**