



2961 Bond Street
Rochester Hills, MI 48309
Phone: (248) 537-3335
Fax: (248) 537-333

Customer Profile

(Please Type or Print)

Please supply us with the following information to aid us in servicing your account.

Accounts Payable:

Please provide us with your Accounts Payable contact, should we have any accounts receivable issues.

Name:
Phone:
Fax:
Email:

If advance Shipment Notice is required,

Name:
Email:

Is your accounts payable department authorized to research all accounts payable issues, including purchase order related issues and any receiving discrepancies?

If not, please attach all other contact names, address, phone, fax and email information.

Shipping Requirements:

Please provide the following information for all Ship To locations:

Location / Plant Name _____

Physical Address _____

For Freight Collect Terms, please provide

Carrier: _____

Account #: _____

Does your company have specific label requirements? If so, please provide detailed information on your requirements and approval process.

Does your company have specific packaging / pallet requirements? If so, please provide all details.

Please provide any additional information that might be helpful. Thank you.

Completed by:

Name	Title	Signature	Date
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