



CUSTOMER PROFILE INFORMATION FORM

BUSINESS INFORMATION

Company Name		FIN (Federal Identification Number)	Type of Business
Website		Billing Address	Shipping Address
Phone Number		Fax Number	

AP DEPARTMENT

Contact Name	Phone #	Direct Email	Invoice Email (if different from direct)
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PURCHASING DEPARTMENT

Name	Email	Phone Number	Fax Number
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BUSINESS CREDIT REFERENCES

Business Name	Account #	Address	Phone & Fax	Email

PLEASE EMAIL COMPLETED FORM TO:

corrie@veronasafety.com & jason@veronasafety.com



IF YOUR COMPANY IS EXEMPT FROM STATE TAX, PLEASE INCLUDE A COPY OF YOUR STATE ISSUED CERTIFICATE

