



Customer Data Sheet

Customer Name: _____

Bill-To Address 1: _____

Bill-To Address 2: _____

City, State, Zip: _____

A/P Contact Name: _____

A/P Contact Phone: _____

A/P Contact Fax: _____

A/P Contact Email: _____

Terms Desired:

100% Up Front or 50% Up Front & 50% Prior to Shipment

If in Florida, are you exempt from Florida State Sales Tax? Yes No

If yes, please forward a copy of your exemption certificate along with this form.

Signature

Printed Name

Date

Please return to Denise Newman

Fax: 850-769-6526 or

Email: denise@boyd-printing.com