



CUSTOMER DATABASE FORM

PAYING OFFICE LEGAL NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE / STATE : _____ POSTAL / ZIP CODE: _____

PHONE NUMBER: _____ EXTENSION: _____

E-MAIL: _____

ACCOUNTS PAYABLE MANAGER:

TITLE / POSITION: _____

FIRST NAME: _____ LAST NAME: _____

PHONE NUMBER: _____ EXTENSION: _____

EMAIL: _____

ACCOUNTS PAYABLE CONTACT:

TITLE / POSITION: _____

FIRST NAME: _____ LAST NAME: _____

PHONE NUMBER: _____ EXTENSION: _____

EMAIL: _____ EMAIL FOR A/P INVOICES: _____

PURCHASING MANAGER:

TITLE / POSITION: _____

FIRST NAME: _____ LAST NAME: _____

PHONE NUMBER: _____ EXTENSION: _____

E-MAIL: _____

SALES / PRODUCT MANAGER:

TITLE / POSITION: _____

FIRST NAME: _____ LAST NAME: _____

PHONE NUMBER: _____ EXTENSION: _____

E-MAIL: _____

TSOC INTERNAL USE ONLY

CUSTOMER TYPE: _____

CURRENCY: _____

TERMS: _____

AUTHORIZED BY: _____

DATE: _____

LIMIT: _____

