



NORTHWEST FIRE SYSTEMS

Saving Lives, Protecting Property

Customer Information Form

Type of Business (Select One)

Contractor Property Mngmt Institution

Restaurant Hotel Other

Purchases made By:

Reseller Tax Exempt Organization

*****Please Forward Your Resellers Permit or Tax Exempt Certificate with Application*****

Organization Type: (Select One)

Corporation LLC Sole Proprietor Partnership

Company/Billing Information

Full Legal Name: _____

DBA Name: _____
(If Different from Legal Name)

Address: _____

Phone No.: _____

A/P Contact Name: _____ Phone No.: _____

A/P Contact Email: _____

Purchase Order Required for Service? Yes No

Person Authorized to approve Work/Service: _____

Washington State

Resellers Permit/Tax Exempt ID # _____ FEIN # _____ Contractor License No.: _____

Site/Service Address

Location Name: _____

Contact Name: _____ Phone _____ Email _____

Address: _____

BUSINESS/ TRADE REFERENCES

Company Name: _____ Contact Name: _____

Address: _____

Contact Name: _____ Phone: _____ Email: _____

Company Name: _____ Contact Name: _____

Address: _____

Contact Name: _____ Phone: _____ Email: _____

Officers/Partners

	Name	Title	Address	Phone
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____

Agreement

All invoices are to be paid within 30 days of the invoice date. Any claims arising from invoice must be made within seven working days of receipt of invoice. By submitting this application, you authorize Northwest Fire Systems LLC to make inquiries into the Banking and Business/Trade References you have provided to us.

Authorized Signer

Title

Date