**CUSTOMER PROFILE**

CORPORATE INFORMATION

LEGAL NAME: Click here to enter text.

CORPORATE ADDRESS: Click here to enter text.

CITY: Click here to enter text. STATE: Click here to enter text. ZIP: Click here to enter text.

BILLING INFORMATION

NAME: Click here to enter text.

ADDRESS: Click here to enter text.

CITY: Click here to enter text. STATE: Click here to enter text. ZIP: Click here to enter text.

REQUIRED TO SEND WITH INVOICE: CLICK ALL THAT APPLY

[ ]  BOL [ ]  POD [ ]  PO [ ]  ENTRY SUMMARY [ ]  OTHER: Click here to enter text.

REQUIRED ON INVOICE: CLICK ALL THAT APPLY

[ ]  BOL # [ ]  PO # [ ]  ENTRY # [ ]  CHARGES DETAILED [ ]  OTHER: Click here to enter text.

ACCOUNT PAYABLE INFORMATION

AP CONTACT NAME: Click here to enter text.

PHONE #: Click here to enter text. EMAIL: Click here to enter text. FAX: Click here to enter text.

PREFERRED METHOD TO RECEIVE INVOICES: CHECK ALL THAT APPLY

[ ]  EMAIL [ ]  US MAIL [ ]  FAX [ ]  COURIER [ ]  OTHER: Click here to enter text.

PAYMENT INFORMATION

PAYMENT METHOD:

 [ ]  CHECK [ ]  ACH [ ]  WIRE TRANSFER [ ]  CREDIT CARD (VISA, MASTERCARD, DISCOVER)

PAYMENT FREQUENCY: [ ]  WEEKLY [ ]  TWICE A WEEK [ ]  MONTHLY [ ]  TWICE A MONTH

**NNR USE:** CUSTOMER # Click here to enter text.