

bpimedia CLIENT INFORMATION SHEET

group Salesperson _____

CLIENT NAME : _____

SECOND NAME : _____

BILLING ADDRESS : _____
Street P.O. Box
City State Zip

KEY CONTACT : _____

TELEPHONE NUMBER () : _____ EXT. _____

EMAIL : _____

FAX NUMBER : _____

BILLING INSTRUCTIONS/COMMENTS : _____

WILL YOUR ORDER(S) BE EXEMPT FROM US CHARGING YOU SALES TAX? ___ YES ___ NO

A COPY OF YOUR SALES TAX ID. CERTIFICATE OR SALES TAX EXEMPT CERTIFICATE MUST BE INCLUDED WITH THIS INFORMATION SHEET.

ARE YOU LOCATED WITHIN THE CITY LIMITS? _____

IN WHAT COUNTY IS YOUR BUSINESS LOCATED? _____

STATE SALES TAX % _____ COUNTY SALES TAX % _____ CITY SALES TAX % _____

SHIP TO **NAME** _____
ADDRESS **ADDRESS** _____
IF DIFFERENT **CITY/STATE/ZIP** _____
FROM ABOVE

I Certify That The Above Information Is Accurate To The Best Of My Knowledge. If The Information Provided Is Later Deemed To Be Inaccurate And Subject To Sales Tax, If Tax Exempt Status Is Claimed, I Will Be Responsible To The Taxing Authority To Render Any Tax, Penalties And/Or Interest Related To Any Order That Has Been Placed.

Signature _____

Date _____

Title _____