



PHONE (248) 693-0037 FAX (248) 693-5760 SALES REP:

PO BOX 82445, ROCHESTER, MI 48308 WWW.SUPERIORPLUSFIRSTAID.COM

CUSTOMER INFORMATION

Company name	
DBA (if any)	
Phone	
Fax	
Company Address City, State ZIP Code	
Tax Exempt?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, must supply completed Michigan Tax Exempt Certificate

ACCOUNTS PAYABLE CONTACT INFORMATION

Accounts Payable Contact	
Phone	
Fax	
A/P Contact E-mail	
E-mail address for invoicing	
Payment type	<input type="checkbox"/> Check <input type="checkbox"/> EFT or ACH <input type="checkbox"/> Credit Card
Credit Card	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express
Expiration & Zip Code	____/____ Zip Code _____

SERVICE LOCATION(S) IF DIFFERENT FROM ABOVE

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Contact Name		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Contact Name		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Contact Name		Other	

BELOW FOR SUPERIOR USE ONLY

# OF CABINETS		FREQUENCY	
# EYE WASH		PRICING CODE	
# AED'S		DATE ENTERED	
Notes:			