



HAYDON BOLTS, INC.

Customer Information Request (Noncredit)

Company Name: _____ Federal ID No.: _____

Address: _____ If Tax Exempt, Forward Certificate State License No.: _____

City / State / Zip: _____

Telephone Number: _____

E-mail: _____ Web Page: _____

Division/Subsidiary of: _____ Address: _____

Nature of Business: _____

Number of Employees: _____ Date Established: _____

Where did you hear of Haydon Bolts? _____

Type of Organization: Corporation: _____ Partnership: _____ Proprietorship: _____ LLC _____ LLP _____

Accounts Payable:

Name: _____ Title: _____

Email: _____

Purchasing:

Name: _____ Title: _____

Email: _____

General Manager

Name: _____ Email: _____

Send all invoices via: Email Email address: _____

Email all material certificates to _____

Filled out By

Name: _____

Title: _____

Signature: _____

Date: _____