



## Customer Information Form

Company Name _____		
Address _____		
City _____	State _____	Zip _____
Billing address (if different) _____		
Billing Contact _____	Telephone: _(____)_____	
E-mail Address _____	Fax: _(____)_____	
Federal Id # _____	State/Date of Incorporation _____/_____	
Years in business _____	Years at current address _____	
Owner/Principal _____	Title _____	
Authorized Buyer _____	Title _____	

### Bank Information:

Name & Address _____	
Telephone # _____	Account # _____
Contact _____	Fax # _____
Name & Address _____	
Telephone # _____	Account # _____
Contact _____	Fax # _____

### Trade References:

Company Name _____	Contact _____	
Address _____		
City _____	State _____	Zip _____
Telephone # _____	Fax # _____	
Company Name _____	Contact _____	
Address _____		
City _____	State _____	Zip _____
Telephone # _____	Fax # _____	
Company Name _____	Contact _____	
Address _____		
City _____	State _____	Zip _____
Telephone # _____	Fax # _____	

Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with our terms: **Net 30 days** from date of invoice.

By signing below, \_\_\_\_\_ hereby authorizes LeadCast or its representatives  
(Company Name)  
to contact the above named bank and trade references regarding credit information on the company.

Applicant's Name & Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LeadCast Sales Representative: \_\_\_\_\_