

Carbide Related Technologies, Inc. 355 Sackett Point Road Unit 5 North Haven, CT 06473 sales@carbiderelatedtech.com Phone 203-281-1266 Fax 203-248-9331

CUSTOMER INFORMATION FORM			
Customer Name			
Mailing/Billing Address			
City,	, State:		Zip Code:
Phone: Fax:			
Web Address:			
Shipping Address (if different): same as mailing			
Shipping Address			
			Zip Code:
Buyer/Purchasing Contact Name:			
OI.	Phone:	Fax:	email:
INFORMATIO	Accounts Payable Contact Name:		
ORI			email:
Ľ			
	Technical/Engineering Contact Name:		
'ACT	Phone:	Fax:	email:
Z	Drill/Rout Contact Na	ame:	
9			email:
Expected Monthly Purchases: \$ Requested Credit Limit: \$			
Payment Terms: (must check one) (Net 30 Day Terms) (Credit Card) (C.O. D.)			
**CRT emails Invoices, please provide appropriate email address:			
Freight Pre Pay & Bill: Yes No Freight Collect: UPS Account #			
All shipments are insured for full value, if you wish to waive insurance contact CRT for waiver information.			
**CRT emails tracking/shipment information, please provide appropriate email address:			
Name Title			 Date
When form is complete, fax (203-248-9331) or email (sales@carbiderelatedtech.com). Thank you.			
C.R.T. Internal Use Only			
	SALES:	SALES:	ADMIN:
Customer Type:		Routers Diam Chpbk'r	PSQ# CF #/ \$
Rep:		Router E/S DP FT	PRO AP
C/C	А В С	RING YES NO	UPS
Special Instructions/Notes:			