

Customer Information Form

Please complete the entire document and return to 1CLICK CHEMISTRY INC. via e-mail at: accounts@1clickchemistry.com or sales@1clickchemistry.com

Check the box that applies:

☐ New Customer

☐ Existing Customer

COMPANY INFORMATION:

Company Name:					
Company Address:					
City:		State:		Zip:	
Type of Business:					
(Please provide copy of W-9 for US Customers and Business Registration Details for International Customers)					
Tax Identification Number:					
Owner / Representative Name:					
Phone:		Fax:			
Email:					

PURCHASING CONTACT:

Contact Name:					
Phone:		Fax:			
Email:					
Supervisor / Manager Name:					
Phone:		Fax:			
Email:					

BILLING ADDRESS:

Company Name:					
Address (if different):					
City:		State:		Zip:	
Invoice Submittal Email:					

ACCOUNTS PAYABLE:

Contact Name:					
Phone:		Fax:			
Email:					
Supervisor / Manager Name:					
Phone:		Fax:			
Email:					
Address (if different):					
City:		State:		Zip:	