

The best people, the best equipment, the best aluminum extrusion company.... in the world.

CUSTOMER PROFILE SHEET

THIS SECTION IS TO BE COMPLETED BY THE CUSTOMER

Customer Information					
Address:					
City:		State:	Zip:		
Phone:	Fax:		_		
QS or ISO Certified 🔄 Yes 🔄 No					
Contacts					
Purchasing	Primary Contact:				
	Secondary Contact:				
Accounting	Primary Contact:				
-					
	Secondary Contact:				
Quality	Primary Contact:				
2					
	Secondary Contact:				
Invoicing					
			Sales Tax No.:		

Must fill out Michigan Sales and Use Tax Certificate of Exemption Form

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Shipping Information (PLEASE FILL IN ALL THAT APPLY)

TYPE OF TRUCK NEEDED FOR DELIVERY:

Commo	on Carrier or	Intex Truck			
Flatbed:	Small or	Large			
Box Truck:	Small or	Large			
••••••	32ft. or less 40ft. to 48ft.				
Receiving Days:					

Receiving Days: _____ Receiving Hours: _____

TYPE OF UNLOADING FACILITIES:

Docks Inside Building Parking Lot Hi-Lo Boom & Strap Overhead Crane Comments:

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