ATLANTIC SCREEN & MANUFACTURING, INC.

General Customer Information

General Company Information

Company Name: _____

Billing/Mailing Address: _____

_____

Telephone: _____ Fax: _____

Email: _____

Purchasing

Purchasing Contact: Name: _____

Email: _____

Telephone: _____

Accounts Payable

Accounts Payable Contact: Name: _____

Email: _____

Telephone: _____

Receiving

Contact to provide shipping information: _____

Email: _____

Telephone: _____

Default Receiving Address: _____

(Cannot be P.O. Box)

Shipping Preferences:

☐ Best Way ☐ UPS Collect, # _____

☐ Common Carrier ☐ Hotshot trailer ☐ Other: _____

First order requires pre-payment either by check or credit card. The information provided on this form will not be used for any purpose other than facilitating business between our companies. We will never sell your contact information.

I have read and agree to Atlantic Screen Terms and Conditions.

Signed: _____ **Date:** _____

Atlantic Screen & Mfg. Inc.
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DE 19968

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FAX 302.684.0643
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sales@atlantic-screen.com