

Company Contact Form

Company Name: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

BILL TO ADDRESS

Address: _____

City: _____ State/Province: _____ Postal Code: _____

SHIP TO ADDRESS

See attached sheet for additional shipping locations

Address: _____

City: _____ State/Province: _____ Postal Code: _____

AUTHORIZED PURCHASERS

Any one authorized to purchase from Versatrim LLC must be listed below. Please list first AND last names. Please select your preferred method of contact.

Name: _____ Phone Fax Email _____

Name: _____ Phone Fax Email _____

Name: _____ Phone Fax Email _____

Name: _____ Phone Fax Email _____

Name: _____ Phone Fax Email _____

Please Email Back to: sales@versatrim.com
or Fax Back to 252-430-8801

Company Contact Form

Accounts Payable (Please select your preferred method of contact.)

Name: _____ Phone
_____ Fax
_____ Email

How Would You Like to Receive Your Confirmations & Shipment Notifications?:

Fax: _____ Email: _____

Additional Email addresses to send confirmations/shipment notifications to:

Email: _____

Email: _____

How Would You Like to Receive Your Invoices?:

Mail Fax: _____ Email: _____

Additional Email addresses to send invoices to:

Email: _____

Email: _____

SPECIAL NOTES/REQUESTS FOR THIS ACCOUNT:

Please note any special procedures or requests for this account

Please Email Back to: sales@versatrim.com
or Fax Back to 252-430-8801

Company Contact Form

Please list additional ship to locations here! (You may photocopy this page if necessary.)

SHIP TO ADDRESS	
Company Name:	_____
Address:	_____
City:	_____ State/Province: _____ Postal Code: _____
Contact Name:	_____ Title: _____
Contact Phone:	_____ Fax: _____
Email:	_____
Authorized Purchasers for Location:	_____

SHIP TO ADDRESS	
Company Name:	_____
Address:	_____
City:	_____ State/Province: _____ Postal Code: _____
Contact Name:	_____ Title: _____
Contact Phone:	_____ Fax: _____
Email:	_____
Authorized Purchasers for Location:	_____

SHIP TO ADDRESS	
Company Name:	_____
Address:	_____
City:	_____ State/Province: _____ Postal Code: _____
Contact Name:	_____ Title: _____
Contact Phone:	_____ Fax: _____
Email:	_____
Authorized Purchasers for Location:	_____

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