



### Customer Information Form

Use this form to update our records for your Company.

**Please print legibly.**

**Include a copy of your tax exempt certificate.**

Company Name: \_\_\_\_\_ Company Main Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ County: \_\_\_\_\_  
(Physical FREIGHT SHIP TO Location, Include Station #)

Mailing Address: \_\_\_\_\_  
(List "attention to" name or position if necessary, this is address used for Reports)

Billing Entity & Address: \_\_\_\_\_  
(Village, Town, District, etc) (List "attention to" name or position if necessary, this is address used for Invoices, Bills & Reports)

Date of Annual Officer Changes: \_\_\_\_\_ Drill Night: \_\_\_\_\_

Firehouse Door Access:  Key  Fob  Code \_\_\_\_\_  FD escort

Do you require annual proof of insurance certificates?  Yes  No

Do you require Vouchers?  Yes  No **If yes, please enclose a blank copy**

Billing/Treasurer Contact Info: \_\_\_\_\_  
(If Applicable) Name Phone Email

Preferred Delivery Method for Invoices:  Mail  Email  Fax

Contact Info	Fire Chief or President	Maintenance Coordinator <small>(Receives calls, emails &amp; e-reports)</small>	Equipment &/or Apparatus Sales Contact
Name			
Title			
Phones	Land: Cell:	Land: Cell:	Land: Cell:
Email			

**Please Fax, Email, or Mail this form to:**

Mail To:	Fax To:	Email To:
J.P.B. Fire Sales & Services 4675 Burr Drive Liverpool, NY 13088	315-362-9055	Julie@JPBFire.com

***Please submit this form any time there are changes to your contact information.***