PACIFIC RADIO ELECTRONICS

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Customer Information Form

Prepared By (or Sales Person's Name if available):
Company Information:
Company Name:
Address:
City: State: Zip:
Country:
Telephone: Fax:
Website Address:
Business Type:
Tax Status: Taxable Resale (Must Attach Certificate) Post Production (Must Attach Certificate)
Contact Information:
First Name: Last Name:
Title or Position:
Email Address:
Do you wish to receive emails from us? Yes No
First Name: Last Name: 1932
Title or Position:
Email Address:
Do you wish to receive emails from us?
First Name: Last Name:
Title or Position:
Email Address:
Do you wish to receive emails from us? ☐Yes ☐No
Pacific Radio Accounting Department Use Below Only
Approved By: Date Set Up:
ZZZ Cash Account #

Revised: March 1st 2012