

# bpimedia CLIENT INFORMATION SHEET

group

Salesperson \_\_\_\_\_

CLIENT NAME : \_\_\_\_\_

SECOND NAME : \_\_\_\_\_

BILLING ADDRESS : \_\_\_\_\_  
Street P.O. Box

City State Zip

KEY CONTACT : \_\_\_\_\_

TELEPHONE NUMBER ( ) : \_\_\_\_\_ EXT. \_\_\_\_\_

EMAIL : \_\_\_\_\_

FAX NUMBER : \_\_\_\_\_

BILLING INSTRUCTIONS/COMMENTS : \_\_\_\_\_

WILL YOUR ORDER(S) BE EXEMPT FROM US CHARGING YOU SALES TAX? \_\_\_ YES \_\_\_ NO

A COPY OF YOUR SALES TAX ID. CERTIFICATE OR SALES TAX EXEMPT CERTIFICATE MUST BE INCLUDED WITH THIS INFORMATION SHEET.

ARE YOU LOCATED WITHIN THE CITY LIMITS? \_\_\_\_\_

IN WHAT COUNTY IS YOUR BUSINESS LOCATED? \_\_\_\_\_

STATE SALES TAX % \_\_\_\_\_ COUNTY SALES TAX % \_\_\_\_\_ CITY SALES TAX % \_\_\_\_\_

SHIP TO **NAME** \_\_\_\_\_

ADDRESS **ADDRESS** \_\_\_\_\_

IF DIFFERENT **CITY/STATE/ZIP** \_\_\_\_\_

FROM ABOVE **CITY/STATE/ZIP** \_\_\_\_\_

I Certify That The Above Information Is Accurate To The Best Of My Knowledge. If The Information Provided Is Later Deemed To Be Inaccurate And Subject To Sales Tax, If Tax Exempt Status Is Claimed, I Will Be Responsible To The Taxing Authority To Render Any Tax, Penalties And/Or Interest Related To Any Order That Has Been Placed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_