

## CUSTOMER INFORMATION FORM

Company Information	
COMPANY NAME:	
ADDRESS - HQ:	CITY:
STATE:	ZIP CODE:
CONTACT PERSON:	TITLE:
PHONE:	CELL:
EMAIL:	NAICS/SIC CODE:
WEBSITE:	DUNS NUMBER:

Accounts Payable Contact Information
CONTACT PERSON:
EMAIL:
PHONE:
STANDARD PAYMENT TERMS:

Special Instructions / Memos

Please email a copy of this form, your W9 & Form 372 (if applicable) to: [AR@leemachinerymovers.com](mailto:AR@leemachinerymovers.com)