

DRP: DIRECT REPAIR PARTNER

CF103 Rev. Date 5/19/2016

NAME (ON CHECKS) _____

BILLING ADDRESS: _____ ACCT.# _____

CONTACT INFORMATION

PARTS: _____ PH. _____ E-MAIL _____

SUPPLIES: _____ PH. _____ E-MAIL _____

ACCTS PAYABLE: _____ PH. _____ E-MAIL _____

TERMS

TAX RESALE CERTIFICATE: ON FILE NEEDED CHARGE TAX

P.O.# REQUIRED: YES NO

DELIVERY CODE _____

APPROVED PURCHASERS: ANY WITH P.O.#

LIMITED TO: _____

DOES CUSTOMER NEED W9: YES NO DONE

TERMS: C.O.D. CASH CHECK C/C ON FILE NET 10

REFERENCES

1) NAME:	PHONE:
ACCT#:	FAX:
2) NAME	PHONE:
ACCT#:	FAX:
3) NAME	PHONE:
ACCT#:	FAX:

DELIVERY PROCEDURES

ADDRESS: _____

TIME RESTRICTION: _____

SPECIAL INSTRUCTIONS: _____

SPECIFIC LOCATION: _____