



KOJAK

GRAPHIC COMMUNICATIONS, INC.

Phone 410.751.2255

Fax: 410.505.8445

Email: accounting@kojakgraphics.com

CUSTOMER INFORMATION FORM

Company Name _____

Business Address _____

Billing Address _____

City _____

State _____

Zip _____

City _____

State _____

Zip _____

____ Corporation ____ Partnership ____ Proprietorship

Telephone # (____) _____

Tax Exempt # (if applicable) _____

Fax # (____) _____

Please provide copy of tax exempt certificate

Email _____

Bank References

Bank Name

Address

Telephone Number

Trade References

Name, Address, City, State, Zip, Telephone, Fax

1. _____

2. _____

3. _____

Company Officers

Name

Title

Years With Firm

I authorize and approve Kojak Graphic Communications, Inc. to request credit information on our firm.

Customer Name (please print) _____ Customer Signature _____

Title _____

Date _____

PLEASE COMPLETE THIS FORM & FAX OR EMAIL TO KOJAK GRAPHIC COMMUNICATIONS, INC.

Email: accounting@kojakgraphics.com Fax: 410.505.8445