

INSTRUCTIONS: Please complete the form and save to your desktop, then email to don@fire-lectric.com or use the Print Form button to the left, print out and FAX to us at 650-324-8584.

Customer Information Form

Name

Company

Address

City State Zip Code

Country

Fax Number Cell Number

Email Address:

Accounts Payable Contact:

Email Address:

Preferred Method of Payment



Check

E-Check/ Electronic Fund Transfer

Credit Card VISA Master Card

CC Number: Exp. Date: CVC

Name on Card:

I hereby agree to the terms of payment. (Net 30 Days from date of invoice)

Signature: Date:

Title:

NOTE: If you are sending this form by email, you can either electronically sign, or we will contact you to obtain your signature for the terms of payment. You may also choose to FAX the form to (650) 324-8584.