

24/7 Text Line (573) 707-2400

573) 358-3727

porter@3583727.com



9222 Highway D

French Village, MO 63036

Customer Information Form

Business Name _____

Billing Address _____

City _____ State _____ Zip _____

Delivery Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email _____

Owners Name(s) _____

Phone Number _____ Cell Number _____

Primary Orderer Contact Information

Name/Title _____ Cell Number _____

Name/Title _____ Cell Number _____

Will Orders be placed by phone____, text____, email____, or all ____ (*please check one*)

Email that will be used _____

Check Writers Information

Name, First _____ MI _____ Last _____

Driver License # _____ State _____

Birthdate _____ Phone Number _____

Home Mailing Address _____

City _____ State _____ Zip _____

A \$25 fee WILL be CHARGED for each returned check.

Payment type: C.O.D. _____ Check _____ A/R 28 day _____

These are the **documents that are NEEDED** to be on file before the order is made.

1. Missouri Tax Exempt Form 149 (updated every 5 years)
(Note: If your 149 is not on file with a signature, you WILL BE CHARGED TAX)
2. Copy of Missouri Identification License
3. Copy of this form
4. COD on Delivery
5. If paying per month, a statement will be sent.

Thank you for your business!