

# Wholesale Ticket Company, Inc.

## CUSTOMER MAINTENANCE INFORMATION

Please type or print Clearly

Office Use Only CN Date \_\_\_\_\_

STORE NO. 1

**Billing Address**

Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_

Office Use Only Shipping Method \_\_\_\_\_ UPS (Ground) \_\_\_\_\_  
UPS Zone \_\_\_\_\_

Tax Exempt No. \_\_\_\_\_ (if applicable)

**Shipping Address**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_

**Office Use Only**

Comment \_\_\_\_\_  
Payment Terms \_\_\_\_\_  
Customer Type \_\_\_\_\_  
Credit Limit \_\_\_\_\_

### CREDIT INFORMATION

Owner's Name \_\_\_\_\_  
Manager's Name \_\_\_\_\_  
Bank Name/Address \_\_\_\_\_  
Checking Acc't. No. \_\_\_\_\_  
Tax I.D. No. \_\_\_\_\_

**Credit References (List 3, Please)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Owner/Manager Signature \_\_\_\_\_

Office Use Only CN Date \_\_\_\_\_

STORE NO. 2

**Billing Address**

Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_

Office Use Only Shipping Method \_\_\_\_\_ UPS (Ground) \_\_\_\_\_  
UPS Zone \_\_\_\_\_

Tax Exempt No. \_\_\_\_\_ (if applicable)

**Shipping Address**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_

**Office Use Only**

Comment \_\_\_\_\_  
Payment Terms \_\_\_\_\_  
Customer Type \_\_\_\_\_  
Credit Limit \_\_\_\_\_

### CREDIT INFORMATION

Owner's Name \_\_\_\_\_  
Manager's Name \_\_\_\_\_  
Bank Name/Address \_\_\_\_\_  
Checking Acc't. No. \_\_\_\_\_  
Tax I.D. No. \_\_\_\_\_

**Credit References (List 3, Please)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Owner/Manager Signature \_\_\_\_\_

**IMPORTANT: All accounts doing business must be filled out completely and returned within 30 days!**