



Avalon
Distribution
Company

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www.AvalonDist.com

Date _____

AVALON DISTRIBUTION CUSTOMER INFORMATION SHEET

Wholesale customers, please complete this sheet and return it with your first order or before ordering on our web site.

BUSINESS NAME _____

STREET ADDRESS (for UPS shipments) _____

PO BOX _____

CITY, STATE and ZIP CODE _____

AREA CODE and PHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

OWNER(s), PRINCIPAL OFFICER(s) NAME(s) _____

STATE RESALE NUMBER / TAX EXEMPTION NUMBER (or attach copy) _____

LENGTH OF TIME IN BUSINESS AT THIS LOCATION _____

Briefly describe the products/services of your concern (Wholesale, Retail, etc.) _____

Does your business operate under more than one business name or address? If so, please advise _____

How did you learn of us? _____ Magazine Ad - Name of Magazine _____

_____ Trade Show - Name / Location of Show _____

_____ Search Engine or Web Site Link - Please List _____

_____ Direct Mailing _____ Other - Please list _____

This information will be placed in your permanent customer file to assist us in completing your orders, properly addressing correspondence, and on occasion, contacting you should additional information be required on any of your orders. Your assistance in keeping this information current will be appreciated.