



Customer Information Form

Please complete the entire document and return to Shannon Parsons via e-mail at shannon@waynesroofing.com or Fax at 253.863.8311

Check the box that applies: New Customer Revise Existing Customer

Company Name: _____

Company Address: _____

City/State/Zip: _____

Accounting Address (if different): _____

City/State/Zip: _____

Accounts Payable Contact: _____

Accounts Payable or Invoice Submittal E-mail: _____

Phone Number: _____ Fax Number: _____

Check the applicable tax status: Taxable Resale ****Please provide a copy of current Reseller permit***

Type of Business: _____

- You are the:
- Owner or Owner Representative (Please see Notice to Customer)
 - Tenant Representative (Please see Notice to Owner)
 - General Contractor
 - 1st Tier Subcontractor (Please see Notice to Owner)
 - 2nd Tier Subcontractor (Please see Notice to Owner – Copy to General Contractor)

****If you are not the Owner or Owner Representative, please provide the following:***

Owner's Name: _____ Owner's Address: _____

UBI Number (If applicable): _____

Contractor's Registration Number (If applicable): _____

Bank Reference: _____

Payment Terms: I authorize Wayne's Roofing, Inc. to investigate the references pertinent to my credit worthiness. I agree to abide by all of the terms and conditions, which are Net 30-Day terms.

Signature _____ Date _____