



AQUATICS

CUSTOMER INFORMATION

(page 1 of 2)

Name of Firm:

Date:

Email Address

Website

BILLING ADDRESS
ATTENTION
ADDRESS LINE 1
ADDRESS LINE 2
CITY, STATE, ZIP
PHONE
FAX

SHIPPING ADDRESS
ATTENTION
ADDRESS LINE 1
ADDRESS LINE 2
CITY, STATE, ZIP
PHONE
FAX

FORM OF ORGANIZATION: [check appropriate box]

Corporation

Partnership

Proprietorship

LLC

Name (print):

Date:

Customer Signature: _____

Please fill out this form completely, print out and sign. Fax completed form to Fritz Industries.

500 N SAM HOUSTON ROAD
MESQUITE, TX 75149

P.O. DRAWER 170040
DALLAS, TX 75217

PHONE: 800-633-6451, EXT. 8858
FAX: 972-289-9534

CUSTOMER INFORMATION

(page 2 of 2)

Name of Firm:

Date:

This certifies that I (we) hold valid sales tax I.D. number

TAX I.D. NUMBER

That I am (we are) engaged in the business of

That all merchandise which I (we) shall purchase from FRITZ INDUSTRIES INC. [check appropriate box]

is for resale in its original form

is to be made part of or to be consumed in the production of a manufactured product to be sold at retail

other (specify)

Street Address:

City, State, Zip

This certificate shall be considered a part of each order which I (we) shall give unless the order otherwise so specifies. If any such property is retained for our own use, we will report and pay the tax, measured by the purchase price of such property.

Name (print):

Date:

Title

Customer Signature: _____

Please fill out this form completely, print out and sign. Fax completed form to Fritz Industries.

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