



**BUSINESS INFORMATION:**

Business Legal Name \_\_\_\_\_ Date Established \_\_\_\_\_  
DBA (If applicable) \_\_\_\_\_ Parent Company \_\_\_\_\_  
Business Phone \_\_\_\_\_ Internet/Website \_\_\_\_\_  
Primary SIC/NAICS Codes \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_  
Tax Exemption Permit # \_\_\_\_\_ Dun &Bradstreet # \_\_\_\_\_  
(Provide copy of Permit) State/Permit # \_\_\_\_\_

**BUSINESS STRUCTURE:**

Partnership  Sole Proprietor  Corporation \_\_\_\_\_  
Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_  
Owner/Officer Title  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PURCHASING CONTACT:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**ACCOUNTS PAYABLE CONTACT:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**SHIPPING INFORMATION:**

Ship To \_\_\_\_\_  
Address City State Zip Code  
Preferred Shipping Method  
 UPS Collect Acct # \_\_\_\_\_  
 UPS Prepaid  
 \_\_\_\_\_ Account # \_\_\_\_\_

**BILLING INFORMATION:**

Bill To \_\_\_\_\_  
Address City State Zip Code  
Preferred Billing Method  
 Fax Invoice  Mail Invoice  E-Mail Invoice

**TERMS & CONDITIONS** (See attached terms & conditions):

We have read and agree to WestOak Industries Inc. Standard Terms & Conditions.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Fax/Mail/E-Mail Completed Form To:**

WestOak Industries, Inc., PO Box 1188, Erick, OK 73645; Phone 580-526-3221; Fax 580-526-3419  
dmoore@westoakindustries.com