

# ADVANCED

## BUSINESS EQUIPMENT

Please email completed form  
to [contracts@abecarolina.com](mailto:contracts@abecarolina.com)

SALES REP: \_\_\_\_\_

### CUSTOMER RECORD INFORMATION

#### COMPANY LEGAL NAME

#### DBA

#### PHYSICAL ADDRESS

#### BILLING ADDRESS

Same as physical address

Address 1

Address 1

Address 2

Address 2

City

County

City

County

State

Zip

State

Zip

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext. \_\_\_\_

Fax Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext. \_\_\_\_

Website \_\_\_\_\_

#### BILLING

Taxable \_\_\_\_ Yes \_\_\_\_ No

Tax Exempt Code \_\_\_\_\_ (Email tax exempt certificate)

PO required \_\_\_\_ Yes \_\_\_\_ No

Tax Number \_\_\_\_\_

Federal Employer ID \_\_\_\_\_

#### SPECIAL REQUESTS FOR SALES ORDERS AND SERVICE CALLS

#### CONTACTS

##### Authorized Decision Maker, Contract Signer

Name (First, Last) \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext. \_\_\_\_ Email \_\_\_\_\_

##### Accounts Payable Contact

Name (First, Last) \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext. \_\_\_\_ Email \_\_\_\_\_

E-mail 2 \_\_\_\_\_ E-mail 3 \_\_\_\_\_

Invoice/ Statement Delivery Preference: E-mail Mail

##### Meter Read Contact by Location

1) Name (First, Last) \_\_\_\_\_ Title \_\_\_\_\_ Location \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext. \_\_\_\_ Email \_\_\_\_\_

2) Name (First, Last) \_\_\_\_\_ Title \_\_\_\_\_ Location \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext. \_\_\_\_ Email \_\_\_\_\_

3) Name (First, Last) \_\_\_\_\_ Title \_\_\_\_\_ Location \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext. \_\_\_\_ Email \_\_\_\_\_

4) Name (First, Last) \_\_\_\_\_ Title \_\_\_\_\_ Location \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext. \_\_\_\_ Email \_\_\_\_\_

##### IT Contact

Name (First, Last) \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext. \_\_\_\_ Email \_\_\_\_\_

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