

Customer Maintenance Form	
Customer #:	Territory:
Customer Name:	Salesperson:
Address:	Send Quote Via:
City:	Send Acknowledgement Via:
State:	Ship: Complete / Partial
Zip:	Invoice: Mailed / Faxed
Country:	Freight Terms:
Phone #:	FOB:
Fax #:	Order Restrictions:
Contact Name:	Customer Add:
Contact E-mail:	Customer Delete:
Tax Exempt: Yes No	Customer Change:
CHECK APPROPRIATE BOX BELOW: (Customer Type)	
Mechanical Contractor	Refrigeration Contractor
Government	OEM
Wholesaler	OEM/Aftermarket Division
End User Chemical	End User Power
End User Food & Beverage	End User Pharmaceutical
End User Petro	End User Process Manufacturing
Other Please Specify:	
Requested By:	Date:
Approved By:	Date: