OPTI-STOR CUSTOMER INFORMATION FORM

THERMA-STOR ACCOUNT # (if known):	
BUSINESS NAME:	
ADDRESS LINE 1:	
ADDRESS LINE 2:	
CITY:	
STATE:	
POSTAL CODE:	
COUNTRY:	
MAIN CONTACT NAME:	
PHONE NUMBER:	
EMAIL ADDRESS:	
SHIPPING ADDRESS:	
CITY:	
STATE:	
POSTAL CODE:	
COUNTRY:	
*PAYMENT METHOD:	_____ Credit Terms _____ Credit Card Payment
BILLING INSTRUCTIONS:	

*Credit Terms approved by Credit Manager