



CUSTOMER CONTACT SHEET

For Bay Area New Customers

Company Name							
Shipping Address							
City				State		Zip	
Contact Name (1)				Title			
Main Phone				Cell Phone			
E-Mail				Fax			

Secondary Contact

Name			Title		
Phone			Fax		
E-Mail			2 nd Phone		

Accounts Payable Info

Same as Shipping Address

VENDOR NAME:							
City				State		Zip	
Contact Name (1)				Title			
Main Phone				Fax			
E-Mail				Secondary Contact			

SPECIAL DELIVERY INSTRUCTIONS FOR THIS ACCOUNT: (if any)

Office Use Only

Entered in NECS _____ Entered By _____ Verified By _____

700 Julie Ann Way, Oakland CA 94621