

CUSTOMER CONTACT SHEET

For Bay Area New Customers

Company Name	•						
Shipping Address							
City				State		Zip	
Contact Name (1)			Title	1 0 1 1 1 1			
Main Phone			Cell Pho	ne			
E-Mail			Fax				
Secondary Contact							
Name			Title				
Phone			Fax				
E-Mail			2 nd Phor	ne l			
Accounts Payable Info Same as Shipping A	ddress						
VENDOR NAME:		Ctata			7:10		
City Contact Name (1)		State	Title		Zip		
Main Phone			Fax				
E-Mail				ry Cont	fact		
E-Mail Secondary Contact SPECIAL DELIVERY INSTRUCTIONS FOR THIS ACCOUNT: (if any)							
Office Use Only	ERT INSTRUCTION	NS TOR	IIIIS AC		. (II arry	,	
Entered in NECS	Entered By			Verif	ied By _		

700 Julie Ann Way, Oakland CA 94621