



# Contact Reference Form

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

## Account Management

Contact Person: \_\_\_\_\_

Tel #: \_\_\_\_\_ ext. \_\_\_\_\_ Fax #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Accounts Payable

Is physical address the same as billing address? Yes No

Billing Address: \_\_\_\_\_  
Street City State Zip

Contact Person: \_\_\_\_\_

Tel #: \_\_\_\_\_ ext. \_\_\_\_\_ Fax #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## IT Systems

Contact Person: \_\_\_\_\_

Tel #: \_\_\_\_\_ ext. \_\_\_\_\_ Fax #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Does your company have EDI Capabilities? Yes No

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail addresses for all CBP and OGA automatic notifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_