



40442 Koppernick Canton, MI 48187  
 Ph: 734-207-9700 Fx: 734-207-7995

**CUSTOMER INFORMATION FORM**

**THIS FORM IS REQUIRED TO BE COMPLETED, SIGNED AND RETURNED TO PROCESS YOUR ORDER**

Please complete the following information on this form. SIGN, date and return this form via fax (734-207-7995) or e-mail to:

Company Name: \_\_\_\_\_ Quote # \_\_\_\_\_

**Section 1: Payment Option (required)**

**OPTION 1: STANDARD TERMS:** 50% prepayment is due with the submittal of the Purchase Order. The remaining 50% is required to release shipment from Duo-Gard Industries or before a Duo-Gard contracted installation begins.

**OPTION 2: Credit Card;** 50% prepayment is due with the submittal of the Purchase Order. The remaining 50% will be charged to release shipment from Duo-Gard Industries or before a Duo-Gard contracted installation begins.

**Forms of payment:** Check, wire transfer, credit card (we accept VISA, Master Card, American Express and Discover cards and require a completed credit card form)

Total purchase: \_\_\_\_\_  
 Amount of Deposit: \_\_\_\_\_ *(credit charge with apply at time of order)*  
 Balance Due: \_\_\_\_\_

*I agree to pay the balance in full for above mentioned product. (Authorized Signer Required)*

Signature: **X** \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2: Purchaser Information (required if information is not supplied on P.O.)**

Company/Customer: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Ship to Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Project Location: \_\_\_\_\_

**Section 3: Accounting Information (required if information is not supplied on P.O.)**

Accounting Contact: \_\_\_\_\_  
 Bill to Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**Section 4: Project Information (required if different from purchaser)**

Customer Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_