

# Customer Information Sheet

Stonypoint Seed LLC

Comment/Special instructions

## Customer Information

Full Name:

*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Address:

*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Home Phone:

[Phone] \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Bill to address:

\_\_\_\_\_

## Billing Address

Name [if different from above]:

*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Address:

*Street Address* \_\_\_\_\_ *P.O. Box* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Preferred Invoice Method:

Email \_\_\_\_\_ Fax: \_\_\_\_\_

Mail

[Provide Address]: \_\_\_\_\_

## Shipping Address

Address:

\_\_\_\_\_ YES NO  
*Loading Dock Available*

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Contact:

( ) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Times Open:

\_\_\_\_\_ [Email] \_\_\_\_\_

## Key Contact

Technical Contact

*Title* \_\_\_\_\_ *Phone* \_\_\_\_\_ *Email* \_\_\_\_\_

Accounting Contact

*Title* \_\_\_\_\_ *Phone* \_\_\_\_\_ *Email* \_\_\_\_\_

Sales Contact

*Title* \_\_\_\_\_ *Phone* \_\_\_\_\_ *Email* \_\_\_\_\_

Alternate Contact

*Title* \_\_\_\_\_ *Phone* \_\_\_\_\_ *Email* \_\_\_\_\_