

OPTI-STOR CUSTOMER INFORMATION FORM

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| THERMA-STOR ACCOUNT # (if known): | |
| BUSINESS NAME: | |
| ADDRESS LINE 1: | |
| ADDRESS LINE 2: | |
| CITY: | |
| STATE: | |
| POSTAL CODE: | |
| COUNTRY: | |
| MAIN CONTACT NAME: | |
| PHONE NUMBER: | |
| EMAIL ADDRESS: | |
| SHIPPING ADDRESS: | |
| CITY: | |
| STATE: | |
| POSTAL CODE: | |
| COUNTRY: | |
| *PAYMENT METHOD: | <input type="checkbox"/> Credit Terms <input type="checkbox"/> Credit Card Payment |
| BILLING INSTRUCTIONS: | |

*Credit Terms approved by Credit Manager
Send Completed form to Deb Osborn at dosborn@boumatic.com