

Please include a copy of your tax exemption paperwork if applicable.

Information Requests can be emailed to support@faimreps.com or faxed to 585.582.1987 (email is preferred as this form can be filled out via Adobe Reader or Acrobat)

Billing Address:

Company Name: _____

Contact Name: _____

Address 1: _____

2: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Invoice Preference: Email: US Mail:

Accounts Payable Email: _____

Shipping Preference: FedEx: UPS: Best Way:
(choose one)

Third Party Billing:

We have the ability to ship with your UPS or FedEx Third Party Account, there is a \$5.00 Third Party fee associated with using this feature.

Ship via Third Party? Yes: No: Sometimes*:
(choose one)

Third Party Carrier: FedEx: UPS:
(select one)

Account Number: _____

*If 'sometimes' is selected we will only ship via your third party account is there is VISIBLE notation on your PO to do so.

Shipping Address: (if different)

Address 1: _____

2: _____

City: _____ State: _____ Zip: _____

Questions or Comments: