



## Customer Information Form

(With Seller's Permit)  
FAX TO: (562) 683-2600



### Owner(s) Information:

|  |             |
|--|-------------|
| <b>Contact Name(s):</b><br>(Last, MI, First) | Owner 1:    |
|  | Owner 2:    |
| <b>Phone Number:</b>                         | (    )    - |
| <b>Cell Number:</b>                          | (    )    - |
| <b>Alternate Phone Number:</b>               | (    )    - |
| <b>Fax:</b>                                  | (    )    - |
| <b>Email:</b>                                | @           |

### Business Information:

|  |   |
|--|---|
| <b>Legal Entity Name:</b>  |   |
| <b>Business Name (DBA):</b>  |   |
| <b>Seller's Permit Number:</b><br><i>(Please provide a copy)</i>       |   |
| <b>Business Address:</b>   | Street:<br><br>City:<br>State:<br>Zip Code: |
| <b>Billing Address:</b><br><i>(if different from business address)</i> | Street:<br><br>City:<br>State:<br>Zip Code: |
| <b>Business Phone Number:</b>  | (    )    -                                 |

Form: CIF.RP.2010