



Billing Information

Business Name:

Business Address:

City: State: Zip:

Phone: Fax: Email:

Buyer Contact: Phone: Email:

AP Contact: Phone: Email:

Email to send invoices:

****Sales tax will be charged unless an exemption form is provided.****

Physical Ship To Information

Ship to Name:

Ship to Address:

City: State: Zip:

Contact Name: Phone:

Contact Title: Email:

Shipment Routing

UPS Account: LTL- Truck Carrier:

FedEx Account: LTL- Truck Carrier Acct #:

Bank Reference

Name of Bank:

Bank Address:

City: State: Zip:

Contact: Phone: Email:

Bank Account Number:



Trade References

Company: Email: Contact:

Address: Phone: FAX:

Company: Email: Contact:

Address: Phone: FAX:

Company: Email: Contact:

Address: Phone: FAX:

Terms and Conditions

By signing, I agree to Valcrum's terms and conditions and will pay within Net 30 days from the date of invoice. As the customer, I understand that Valcrum, LLC has the right to place our account on credit hold and hold future shipments for past due monies owed. If our account is sent to collections, I agree to be responsible for any fees incurred.

Signature: _____

Title: _____

Printed Name: _____

Date: _____

