



## CUSTOMER INFORMATION FORM

In order to process orders with Ever Ready First Aid, a division of SZY Holdings Ever Ready Group, we request that you take a moment to fill out this form. It is imperative that you provide all the requested information so we can bill and ship to you accordingly.

Please email this form to [info@everreadyfirstaid.com](mailto:info@everreadyfirstaid.com)

Agency/Store Name: \_\_\_\_\_ Legal Name: \_\_\_\_\_

Ship To Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Bill To Address (if different from above): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Main Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

# of Locations: \_\_\_\_\_ Founded in: \_\_\_\_\_ Tax #: \_\_\_\_\_

Do you sell goods online? If yes, please provide website:

\_\_\_\_\_

**NO RE-SALE OR E-COMMERCE PERMITTED WITHOUT AUTHORIZED CONSENT. RE-SALE ON THIRD PARTY SITES SUCH AS AMAZON, EBAY, ETC., IS STRICTLY PROHIBITED.**

### **Company Contact Information**

Chief/Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Buyer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Accounting: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Trade References**

Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Contact: \_\_\_\_\_

Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Contact: \_\_\_\_\_

Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Contact: \_\_\_\_\_

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